

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

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NYS PREFERRED DRUG PROGRAM [HTTP://NEWYORK.FHSC.COM](http://newyork.fhsc.com)

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493

CC Subject to Clinical Criteria (See: [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_clinical\\_criteria.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf))  
 CDRP All drugs in class are subject to Clinical Drug Review Program PA requirements (See: [https://newyork.fhsc.com/providers/CDRP\\_PDP\\_classes\\_about.asp](https://newyork.fhsc.com/providers/CDRP_PDP_classes_about.asp))  
 ST Please see Step Therapy (ST) recommendations for drug class or specific drugs noted. (See: [http://health.ny.gov/health\\_care/medicaid/program/dur/index.htm](http://health.ny.gov/health_care/medicaid/program/dur/index.htm))  
 F/Q/D Please see Frequency/Quantity/Duration (F/Q/D) recommendations for drug class or specific drugs noted. (See: [http://health.ny.gov/health\\_care/medicaid/program/dur/index.htm](http://health.ny.gov/health_care/medicaid/program/dur/index.htm))

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### I. ANALGESICS

#### Cyclooxygenase II (COX II) Inhibitors

##### PREFERRED AGENTS

Celebrex<sup>®</sup>

#### 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	Voltaren <sup>®</sup> Gel

#### Opioids – Long-Acting<sup>CC</sup>

##### PREFERRED AGENTS

Duragesic <sup>®</sup> <a href="#">F/Q/D</a>	Opana ER <sup>®</sup> <a href="#">F/Q/D</a>
Kadian <sup>®</sup> <a href="#">F/Q/D</a>	Oramorph SR <sup>®</sup> <a href="#">F/Q/D</a>
morphine sulfate SR <a href="#">F/Q/D</a>	oxymorphone ER <a href="#">F/Q/D</a>

#### Cyclooxygenase II (COX II) Inhibitors

##### NON-PREFERRED AGENTS

*None*

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

##### NON-PREFERRED AGENTS

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

#### Opioids – Long-Acting<sup>CC</sup>

##### NON-PREFERRED AGENTS

<i>Avinza<sup>®</sup> <a href="#">F/Q/D</a></i>	<i>Nucynta<sup>®</sup> ER</i>
<i>Butrans<sup>™</sup></i>	<i>oxycodone HCL CR <a href="#">F/Q/D</a></i>
<i>Conzip<sup>™</sup> <a href="#">ST, F/Q/D</a></i>	<i>Oxycontin<sup>®</sup> <a href="#">F/Q/D</a></i>
<i>Exalgo<sup>™</sup> <a href="#">F/Q/D</a></i>	<i>Ryzolt<sup>®</sup> <a href="#">ST, F/Q/D</a></i>
<i>fentanyl patch <a href="#">F/Q/D</a></i>	<i>tramadol ER <a href="#">ST, F/Q/D</a></i>
<i>morphine sulfate ER <a href="#">F/Q/D</a></i>	<i>Ultram<sup>®</sup> ER <a href="#">ST, F/Q/D</a></i>
<i>MS Contin<sup>®</sup> <a href="#">F/Q/D</a></i>	

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### Opioids – Short-Acting<sup>CC</sup>

PREFERRED AGENTS	
butalbital/APAP/codeine <sup>F/Q/D</sup>	morphine IR <sup>F/Q/D</sup>
codeine <sup>F/Q/D</sup>	oxycodone/APAP <sup>F/Q/D</sup>
codeine/APAP <sup>F/Q/D</sup>	oxycodone/ibuprofen <sup>F/Q/D</sup>
hydrocodone/APAP <sup>F/Q/D</sup>	tramadol

### Opioids – Short-Acting<sup>CC</sup>

NON-PREFERRED AGENTS	
<i>butalbital compound/ codeine<sup>F/Q/D</sup></i>	<i>pentazocine/naloxone Percocet<sup>®</sup></i>
<i>butorphanol nasal spray Cocet<sup>®</sup></i>	<i>2.5/325 mg<sup>F/Q/D</sup> Percodan<sup>®</sup></i>
<i>Cocet<sup>®</sup> Plus<sup>F/Q/D</sup></i>	<i>Primlev<sup>®</sup></i>
<i>Demerol<sup>®</sup></i>	<i>Reprexain<sup>™</sup></i>
<i>dihydrocodeine/APAP/ caffeine<sup>F/Q/D</sup></i>	<i>Roxicet<sup>®</sup> (caplets, solution)<sup>F/Q/D</sup></i>
<i>Dilaudid<sup>®</sup></i>	<i>Roxicodone<sup>®</sup></i>
<i>Endodan<sup>®</sup></i>	<i>Rybix<sup>™</sup> ODT</i>
<i>Fioricet<sup>®</sup> /codeine<sup>F/Q/D</sup></i>	<i>Synalgos<sup>®</sup> DC<sup>F/Q/D</sup></i>
<i>Fiorinal<sup>®</sup> /codeine<sup>F/Q/D</sup></i>	<i>tramadol/APAP<sup>F/Q/D</sup></i>
<i>hydrocodone/ibuprofen<sup>F/Q/D</sup></i>	<i>Trezix<sup>®</sup></i>
<i>hydromorphone<sup>F/Q/D</sup></i>	<i>Tylenol<sup>®</sup> /codeine #3<sup>F/Q/D</sup></i>
<i>Ibudone<sup>™</sup></i>	<i>Tylenol<sup>®</sup> /codeine #4<sup>F/Q/D</sup></i>
<i>levorphanol</i>	<i>Tylox<sup>®</sup></i>
<i>Magnacet<sup>®</sup></i>	<i>Ultracet<sup>®</sup></i>
<i>meperidine</i>	<i>Ultram<sup>®</sup></i>
<i>Nucynta<sup>®</sup></i>	<i>Vicoprofen<sup>®</sup></i>
<i>Opana<sup>®</sup></i>	<i>Xolox<sup>®</sup></i>
<i>oxycodone</i>	<i>Zamicet<sup>™</sup></i>
<i>oxycodone/ASA<sup>F/Q/D</sup></i>	<i>Zydone<sup>®</sup></i>
<i>oxymorphone<sup>F/Q/D</sup></i>	
<i>Pantlor<sup>®</sup> SS<sup>F/Q/D</sup></i>	
<i>pentazocine/APAP<sup>F/Q/D</sup></i>	

## II. ANTI-INFECTIVES

### Anti-Fungals – Oral for Onychomycosis

PREFERRED AGENTS	
Gris-PEG <sup>®</sup>	terbinafine (tablet)
griseofulvin (suspension)	

### Anti-Fungals – Oral for Onychomycosis

NON-PREFERRED AGENTS	
<i>Grifulvin V<sup>®</sup> (tablet)</i>	<i>Lamisil<sup>®</sup> (tablet)</i>
<i>itraconazole</i>	<i>Sporanox<sup>®</sup></i>

### Anti-Virals - Oral

PREFERRED AGENTS	
acyclovir (capsule, suspension, tablet)	
Valtrex <sup>®</sup>	

### Anti-Virals - Oral

NON-PREFERRED AGENTS	
<i>famciclovir</i>	<i>valacyclovir</i>
<i>Famvir<sup>®</sup></i>	<i>Zovirax<sup>®</sup> (capsule, suspension, tablet)</i>

### Cephalosporins – Third Generation

PREFERRED AGENTS	
cefдинир	Suprax <sup>®</sup>
cefподохиме прохетил	

### Cephalosporins – Third Generation

NON-PREFERRED AGENTS	
<i>Cedax<sup>®</sup></i>	<i>Spectracer<sup>®</sup></i>
<i>cefditoren</i>	

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### Fluoroquinolones – Oral

#### PREFERRED AGENTS

Avelox <sup>®</sup>	ciprofloxacin (tablet)
Avelox ABC Pack <sup>®</sup>	ofloxacin (tablet)
Cipro <sup>®</sup> (suspension)	

### Hepatitis B Agents

#### PREFERRED AGENTS

Baraclude <sup>®</sup>	Hepsera <sup>®</sup>
Epivir-HBV <sup>®</sup>	Tyzeka <sup>®</sup>

### Hepatitis C Agents – Injectable <sup>F/Q/D</sup>

#### PREFERRED AGENTS

PegIntron <sup>®</sup>	Pegasys <sup>®</sup>
PegIntron Redipen <sup>®</sup>	Pegasys Convenience Pack <sup>®</sup>

### Hepatitis C Agents – Oral <sup>ST, F/Q/D</sup>

#### PREFERRED AGENTS

Incivek <sup>™</sup>	Victrelis <sup>™</sup>
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### Tetracyclines

#### PREFERRED AGENTS

demeclocycline	minocycline HCl
doxycycline hyclate 50 mg, 100 mg	Morgidox <sup>™</sup> (capsule)
doxycycline monohydrate	tetracycline

### Fluoroquinolones – Oral

#### NON-PREFERRED AGENTS

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

### Hepatitis B Agents

#### NON-PREFERRED AGENTS

*None*

### Hepatitis C Agents – Injectable <sup>F/Q/D</sup>

#### NON-PREFERRED AGENTS

*None*

### Hepatitis C Agents - Oral

#### NON-PREFERRED AGENTS

*None*

### Tetracyclines

#### NON-PREFERRED AGENTS

<i>Adoxa<sup>®</sup></i>	<i>minocycline ER</i>
<i>Doryx<sup>®</sup> <sup>ST, F/Q/D</sup></i>	<i>Oracea<sup>®</sup></i>
<i>doxycycline hyclate 20 mg</i>	<i>Periostat<sup>®</sup></i>
<i>doxycycline hyclate DR<sup>®</sup> <sup>ST, F/Q/D</sup></i>	<i>Solodyn<sup>®</sup></i>
<i>Dynacin<sup>®</sup></i>	<i>Vibramycin<sup>®</sup></i>

## 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 <sup>®</sup>
Lotrel <sup>®</sup>	trandolapril/verapamil ER

### Angiotensin Converting Enzyme Inhibitors (ACEIs)

#### NON-PREFERRED AGENTS

<i>Accupril<sup>®</sup></i>	<i>perindopril</i>
<i>Aceon<sup>®</sup></i>	<i>Prinivil<sup>®</sup></i>
<i>Altace<sup>®</sup></i>	<i>quinapril</i>
<i>fosinopril sodium</i>	<i>Univasc<sup>®</sup></i>
<i>Lotensin<sup>®</sup></i>	<i>Vasotec<sup>®</sup></i>
<i>Mavik<sup>®</sup></i>	<i>Zestril<sup>®</sup></i>

### ACEIs + Calcium Channel Blockers

#### NON-PREFERRED AGENTS

*None*

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### ACEIs + Diuretics

#### PREFERRED AGENTS

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

### Angiotensin Receptor Blockers (ARBs)

#### PREFERRED AGENTS

Diovan <sup>®</sup>	losartan
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### ARBs + Calcium Channel Blockers

#### PREFERRED AGENTS

Exforge <sup>®</sup>	Exforge HCT <sup>®</sup>
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### ARBs + Diuretics

#### PREFERRED AGENTS

Diovan HCT <sup>®</sup>	losartan/HCTZ
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### 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

### ACEIs + Diuretics

#### NON-PREFERRED AGENTS

<i>Accuretic<sup>®</sup></i>	<i>quinapril/HCTZ</i>
<i>fosinopril/HCTZ</i>	<i>Uniretic<sup>®</sup></i>
<i>Lotensin HCT<sup>®</sup></i>	<i>Vaseretic<sup>®</sup></i>
<i>Prinzide<sup>®</sup></i>	<i>Zestoretic<sup>®</sup></i>

### Angiotensin Receptor Blockers (ARBs)

#### NON-PREFERRED AGENTS

<i>Atacand<sup>®</sup></i>	<i>Edarbi<sup>™</sup></i>
<i>Avapro<sup>®</sup></i>	<i>Micardis<sup>®</sup></i>
<i>Benicar<sup>®</sup></i>	<i>Teveten<sup>®</sup></i>
<i>Cozaar<sup>®</sup></i>	

### ARBs + Calcium Channel Blockers

#### NON-PREFERRED AGENTS

<i>Azor<sup>®</sup></i>	<i>Twynsta<sup>®</sup></i>
<i>Tribenzor<sup>™</sup></i>	

### ARBs + Diuretics

#### NON-PREFERRED AGENTS

<i>Atacand HCT<sup>®</sup></i>	<i>Hyzaar<sup>®</sup></i>
<i>Avalide<sup>®</sup></i>	<i>Micardis HCT<sup>®</sup></i>
<i>Benicar HCT<sup>®</sup></i>	<i>Teveten HCT<sup>®</sup></i>

### Beta Blockers

#### NON-PREFERRED AGENTS

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

### Beta Blockers + Diuretics

#### NON-PREFERRED AGENTS

<i>Corzide<sup>®</sup></i>	<i>Tenoretic<sup>®</sup></i>
<i>Lopressor HCT<sup>®</sup></i>	<i>Ziac<sup>®</sup></i>

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### Bile Acid Sequestrants

#### PREFERRED AGENTS

cholestyramine	Prevalite <sup>®</sup>
cholestyramine light	Questran <sup>®</sup>
Colestid <sup>®</sup>	Questran Light <sup>®</sup>
colestipol	Welchol <sup>™</sup>

### Calcium Channel Blockers (Dihydropyridine)

#### PREFERRED AGENTS

Afedtab CR <sup>®</sup>	nicardipine HCl
amlodipine	Nifediac CC <sup>®</sup>
DynaCirc CR <sup>®</sup>	Nifedical XL <sup>®</sup>
felodipine ER	nifedipine
isradipine	nifedipine ER/SA

### Cholesterol Absorption Inhibitors

#### PREFERRED AGENTS

Zetia<sup>®</sup>

### Direct Renin Inhibitors

#### PREFERRED AGENTS

Tekturna <sup>®</sup>	Valturna <sup>®</sup>
Tekturna HCT <sup>®</sup>	

### Endothelin Receptor Antagonists for Pulmonary Arterial Hypertension (PAH)

#### PREFERRED AGENTS

Letairis <sup>®</sup>	Tracleer <sup>®</sup>
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### HMG-CoA Reductase Inhibitors (Statins)

#### PREFERRED AGENTS

Crestor <sup>®</sup>	pravastatin
Lipitor <sup>®</sup>	Simcor <sup>®</sup>
lovastatin	simvastatin

### Niacin Derivatives

#### PREFERRED AGENTS

Niaspan<sup>®</sup>

### Bile Acid Sequestrants

#### NON-PREFERRED AGENTS

*None*

### Calcium Channel Blockers (Dihydropyridine)

#### NON-PREFERRED AGENTS

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

### Cholesterol Absorption Inhibitors

#### NON-PREFERRED AGENTS

*None*

### Direct Renin Inhibitors

#### NON-PREFERRED AGENTS

<i>Amturide<sup>™</sup></i>	<i>Tekamlo<sup>™</sup></i>
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### Endothelin Receptor Antagonists for Pulmonary Arterial Hypertension (PAH)

#### NON-PREFERRED AGENTS

*None*

### HMG-CoA Reductase Inhibitors (Statins)

#### NON-PREFERRED AGENTS

<i>Advicor<sup>®</sup></i>	<i>Lescol XL<sup>®</sup></i>
<i>Altoprev<sup>®</sup></i>	<i>Livalo<sup>®</sup></i>
<i>atorvastatin</i>	<i>Mevacor<sup>®</sup></i>
<i>atorvastatin/amlodipine</i>	<i>Pravachol<sup>®</sup></i>
<i>Caduet<sup>®</sup></i>	<i>Vytorin<sup>®</sup></i>
<i>Lescol<sup>®</sup></i>	<i>Zocor<sup>®</sup></i>

### Niacin Derivatives

#### NON-PREFERRED AGENTS

*None*



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### Carbamazepine Derivatives

#### PREFERRED AGENTS

carbamazepine (chewable, suspension, tablet)	oxcarbazepine
carbamazepine XR (tablet)	Tegretol <sup>®</sup> (chewable, suspension, tablet)
Carbatrol <sup>®</sup>	Tegretol XR <sup>®</sup>
Epitol <sup>®</sup>	Trileptal <sup>®</sup>
Equetro <sup>®</sup>	

### Central Nervous System (CNS) Stimulants <sup>F/O/D</sup>

#### PREFERRED AGENTS

Adderall XR <sup>®</sup>	Focalin XR <sup>®</sup>
amphetamine salt combo immediate release	Metadate ER <sup>®</sup>
Concerta <sup>®</sup>	Methylin <sup>®</sup>
dexamethylphenidate	Methylin ER <sup>®</sup>
dextroamphetamine	methylphenidate
dextroamphetamine SR	methylphenidate SR
Focalin <sup>®</sup>	10 mg, 20 mg
	Vyvanse <sup>®</sup>

### Multiple Sclerosis Agents

#### PREFERRED AGENTS

Avonex <sup>®</sup>	Copaxone <sup>®</sup>
Betaseron <sup>®</sup>	Rebif <sup>®</sup>

### Non-Ergot Dopamine Receptor Agonists

#### PREFERRED AGENTS

Mirapex <sup>®</sup>	ropinirole
pramipexole	

### Other Agents for Attention Deficit Hyperactivity Disorder (ADHD)

#### PREFERRED AGENTS

Intuniv <sup>™</sup>	Strattera <sup>®</sup>
Kapvay <sup>™</sup>	

### Carbamazepine Derivatives

#### NON-PREFERRED AGENTS

*carbamazepine ER (capsule)*

### Central Nervous System (CNS) Stimulants <sup>F/O/D</sup>

#### NON-PREFERRED AGENTS

<i>Adderall<sup>®</sup></i>	<i>Nuvigil<sup>®CC</sup></i>
<i>amphetamine salt combo extended release</i>	<i>Procentra<sup>®</sup></i>
<i>Daytrana<sup>®</sup></i>	<i>Provigil<sup>®CC</sup></i>
<i>Desoxyn<sup>®</sup></i>	<i>Ritalin<sup>®</sup></i>
<i>Dexedrine Spansule<sup>®</sup></i>	<i>Ritalin LA<sup>®</sup></i>
<i>Metadate CD<sup>®</sup></i>	<i>Ritalin SR<sup>®</sup></i>
<i>methamphetamine</i>	
<i>methylphenidate ER 18 mg, 27 mg, 36 mg, 54 mg</i>	

### Multiple Sclerosis Agents

#### NON-PREFERRED AGENTS

<i>Extavia<sup>®</sup></i>	<i>Gilenya<sup>™</sup></i>
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### Non-Ergot Dopamine Receptor Agonists

#### NON-PREFERRED AGENTS

<i>Mirapex ER</i>	<i>Requip<sup>®</sup> XL<sup>™</sup></i>
<i>Requip<sup>®</sup></i>	

### Other Agents for Attention Deficit Hyperactivity Disorder (ADHD)

#### NON-PREFERRED AGENTS

*None*

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### Sedative Hypnotics/Sleep Agents

#### PREFERRED AGENTS

chloral hydrate	temazepam 15 mg,
estazolam	30 mg
flurazepam	zolpidem <sup>F/Q/D</sup>

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### PREFERRED AGENTS

citalopram	paroxetine
fluoxetine	sertraline
fluvoxamine	

### Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

#### PREFERRED AGENTS

Cymbalta <sup>®</sup>	Savella <sup>®</sup>
Effexor XR <sup>®</sup>	venlafaxine

### Serotonin Receptor Agonists (Triptans)

#### PREFERRED AGENTS

Maxalt-MLT <sup>®F/Q/D</sup>	sumatriptan <sup>F/Q/D</sup>
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### Sedative Hypnotics/Sleep Agents

#### NON-PREFERRED AGENTS

<i>Ambien<sup>®</sup> F/Q/D</i>	<i>Somnote<sup>®</sup></i>
<i>Ambien CR<sup>®</sup> F/Q/D</i>	<i>Sonata<sup>®</sup> F/Q/D</i>
<i>Doral<sup>®</sup></i>	<i>temazepam 7.5 mg,</i>
<i>Edluar<sup>™</sup> F/Q/D</i>	<i>22.5 mg</i>
<i>Halcion<sup>®</sup></i>	<i>triazolam</i>
<i>Lunesta<sup>®</sup> F/Q/D</i>	<i>zaleplon<sup>F/Q/D</sup></i>
<i>Restoril<sup>®</sup></i>	<i>zolpidem ER<sup>F/Q/D</sup></i>
<i>Rozerem<sup>®</sup> F/Q/D</i>	<i>Zolpimist<sup>™</sup> F/Q/D</i>
<i>Silenor<sup>®</sup></i>	

### Selective Serotonin Reuptake Inhibitors (SSRIs)

#### NON-PREFERRED AGENTS

<i>Celexa<sup>®</sup></i>	<i>Paxil CR<sup>®</sup></i>
<i>fluoxetine weekly</i>	<i>Pexeva<sup>®</sup></i>
<i>Lexapro<sup>®</sup></i>	<i>Prozac<sup>®</sup></i>
<i>Luvox CR<sup>®</sup></i>	<i>Sarafem<sup>®</sup></i>
<i>paroxetine CR</i>	<i>Viibryd<sup>™</sup></i>
<i>Paxil<sup>®</sup></i>	<i>Zoloft<sup>®</sup></i>

### Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

#### NON-PREFERRED AGENTS

<i>Pristiq<sup>®</sup></i>
<i>venlafaxine ER (capsule, tablet)</i>

### Serotonin Receptor Agonists (Triptans)

#### NON-PREFERRED AGENTS

<i>Amerge<sup>®F/Q/D</sup></i>	<i>naratriptan<sup>F/Q/D</sup></i>
<i>Axert<sup>®F/Q/D</sup></i>	<i>Relpax<sup>®F/Q/D</sup></i>
<i>Frova<sup>®F/Q/D</sup></i>	<i>Sumavel<sup>®</sup> DosePro<sup>™</sup></i>
<i>Imitrex<sup>®F/Q/D</sup></i>	<i>Treximet<sup>®F/Q/D</sup></i>
<i>Maxalt<sup>®F/Q/D</sup></i>	<i>Zomig<sup>®F/Q/D</sup></i>

## V. DERMATOLOGIC AGENTS

### Agents for Actinic Keratosis

#### PREFERRED AGENTS

Carac <sup>®</sup>	fluorouracil
Efudex <sup>®</sup>	Solaraze <sup>®</sup> F/Q/D
Fluoroplex <sup>®</sup>	

### Antibiotics – Topical

#### PREFERRED AGENTS

Altanax <sup>®</sup>	mupirocin ointment
Bactroban <sup>®</sup> cream	

### Agents for Actinic Keratosis

#### NON-PREFERRED AGENTS

*None*

### Antibiotics – Topical

#### NON-PREFERRED AGENTS

<i>Bactroban<sup>®</sup> ointment</i>	<i>Centany<sup>™</sup> ointment</i>
<i>Bactroban Nasal<sup>®</sup> ointment<sup>CC</sup></i>	

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### Anti-Fungals - Topical<sup>SI</sup>

#### PREFERRED AGENTS

clotrimazole OTC	Nyamyc™
miconazole OTC	Nystop®
nystatin (cream, ointment)	Pedi-Dri®
nystatin powder	terbinafine OTC
nystatin/triamcinolone	tolnaftate OTC

### Anti-Virals – Topical

#### PREFERRED AGENTS

Abreva®	Zovirax® ointment
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### Immunomodulators – Topical<sup>CDRP</sup>

#### PREFERRED AGENTS

Elidel®	Protopic®
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### Psoriasis Agents – Topical

#### PREFERRED AGENTS

calcipotriene ointment	Dovonex® cream
calcipotriene scalp solution	

### Steroids, Topical – Low Potency

#### PREFERRED AGENTS

hydrocortisone acetate OTC
hydrocortisone acetate Rx
hydrocortisone/aloe vera

### Steroids, Topical – Medium Potency

#### PREFERRED AGENTS

fluocinolone (cream, ointment, solution)	hydrocortisone valerate
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### Anti-Fungals – Topical<sup>SI</sup>

#### NON-PREFERRED AGENTS

<i>clotrimazole Rx</i>	<i>ketoconazole</i>
<i>clotrimazole/ betamethasone</i>	<i>ketoconazole foam</i>
<i>ciclopirox (cream, gel, suspension)</i>	<i>Loprox®</i>
<i>econazole</i>	<i>Lotrisone</i>
<i>Ertaczo®</i>	<i>Mentax®</i>
<i>Exelderm®</i>	<i>Naftin®</i>
<i>Extina®</i>	<i>Oxistat®</i>
	<i>Vusion® FQ/D</i>
	<i>Xolegel®</i>

### Anti-Virals – Topical

#### NON-PREFERRED AGENTS

<i>Denavir®</i>	<i>Zovirax® cream</i>
<i>Xerese™</i>	

### Immunomodulators – Topical<sup>CDRP</sup>

#### NON-PREFERRED AGENTS

*None*

### Psoriasis Agents – Topical

#### NON-PREFERRED AGENTS

<i>Calcitrene™ ointment</i>	<i>Taclonex Scalp®</i>
<i>Dovonex® scalp solution</i>	<i>Vectical™</i>
<i>Taclonex®</i>	

### Steroids, Topical – Low Potency<sup>SI</sup>

#### NON-PREFERRED AGENTS

<i>Aclovate®</i>	<i>Desowen®</i>
<i>alclometasone</i>	<i>fluocinolone oil</i>
<i>Derma-Smoothe/FS®</i>	<i>Nucort®</i>
<i>Desonate®</i>	<i>Texacort®</i>
<i>desonide</i>	<i>Verdeso™</i>

### Steroids, Topical – Medium Potency<sup>SI</sup>

#### NON-PREFERRED AGENTS

<i>Cloderm®</i>	<i>hydrocortisone butyrate</i>
<i>Cordran®</i>	<i>Luxiq®</i>
<i>Cutivate®</i>	<i>mometasone furoate</i>
<i>Dermatop®</i>	<i>Pandel®</i>
<i>Elocon®</i>	<i>prednicarbate</i>
<i>fluticasone propionate</i>	

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### Steroids, Topical – High Potency

#### PREFERRED AGENTS

amcinonide	fluocinonide emollient
fluocinonide	triamcinolone acetonide
fluocinonide-E	

### Steroids, Topical – Very High Potency

#### PREFERRED AGENTS

clobetasol	halobetasol
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### Steroids, Topical – High Potency<sup>ST</sup>

#### NON-PREFERRED AGENTS

<i>Apexicon</i> <sup>®</sup>	<i>Diprolene</i> <sup>®</sup>
<i>Apexicon-E</i> <sup>®</sup>	<i>Diprolene</i> <sup>®</sup> AF
<i>Beta-Val</i> <sup>®</sup>	<i>Halog</i> <sup>®</sup>
<i>betamethasone dipropionate</i>	<i>Kenalog</i> <sup>®</sup>
<i>betamethasone dipropionate, augmented</i>	<i>Topicort</i> <sup>®</sup>
<i>betamethasone valerate</i>	<i>Topicort LP</i> <sup>®</sup>
<i>desoximetasone</i>	<i>Trianex</i> <sup>®</sup>
<i>diflorasone</i>	<i>Vanos</i> <sup>™</sup>

### Steroids, Topical – Very High Potency<sup>ST</sup>

#### NON-PREFERRED AGENTS

<i>Clobex</i> <sup>®</sup>	<i>Temovate</i> <sup>®</sup>
<i>Cormax</i> <sup>®</sup>	<i>Temovate-E</i> <sup>®</sup>
<i>Olux</i> <sup>®</sup>	<i>Ultravate</i> <sup>®</sup>
<i>Olux-E</i> <sup>®</sup>	

## VI. ENDOCRINE AND METABOLIC AGENTS

### Amylin Analogs

#### PREFERRED AGENTS

Symlin<sup>®</sup>

### Anabolic Steroids – Topical<sup>F/O/D</sup>

#### PREFERRED AGENTS

Androderm <sup>®</sup>	Fortesta <sup>™</sup>
Androgel <sup>®</sup>	Testim <sup>®</sup>
Axiron <sup>®</sup>	

### Biguanides

#### PREFERRED AGENTS

metformin HCl	
metformin ER (generic for Glucophage XR)	

### Bisphosphonates – Oral<sup>F/O/D</sup>

#### PREFERRED AGENTS

alendronate	Fosamax <sup>®</sup> (solution)
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### Calcitonins – Intranasal

#### PREFERRED AGENTS

calcitonin-salmon	Miacalcin <sup>®</sup>
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### Amylin Analogs

#### NON-PREFERRED AGENTS

None

### Anabolic Steroids – Topical<sup>F/O/D</sup>

#### NON-PREFERRED AGENTS

None

### Biguanides

#### NON-PREFERRED AGENTS

<i>Fortamet</i> <sup>®</sup>	<i>metformin ER (generic for Fortamet)</i>
<i>Glucophage</i> <sup>®</sup>	<i>Riomet</i> <sup>®</sup> solution
<i>Glucophage XR</i> <sup>®</sup>	
<i>Glumetza</i> <sup>®</sup>	

### Bisphosphonates – Oral<sup>F/O/D</sup>

#### NON-PREFERRED AGENTS

<i>Actonel</i> <sup>®</sup>	<i>Fosamax</i> <sup>®</sup> (tablet)
<i>Atelvia</i> <sup>®</sup>	<i>Fosamax</i> <sup>®</sup> Plus D
<i>Boniva</i> <sup>®</sup>	

### Calcitonins – Intranasal

#### NON-PREFERRED AGENTS

*Fortical*<sup>®</sup>

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

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

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

#### PREFERRED AGENTS

Janumet <sup>®</sup>	Kombiglyze XR™
Januvia <sup>®</sup>	Onglyza <sup>®</sup>

### Glucagon-like Peptide-1 (GLP-1) Agonists

#### PREFERRED AGENTS

Byetta<sup>®</sup>

### Growth Hormones<sup>CDRP</sup>

#### PREFERRED AGENTS (SUBJECT TO CDRP FOR AGE 21 YEARS & OLDER)

Genotropin <sup>®</sup>	Nutropin AQ <sup>®</sup>
Nutropin <sup>®</sup>	

### Insulin – Long-Acting

#### PREFERRED AGENTS

Lantus <sup>®</sup>	Levemir
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### Insulin – Mixes

#### PREFERRED AGENTS

Humalog <sup>®</sup> Mix	Novolog <sup>®</sup> Mix
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### Insulin – Rapid-Acting

#### PREFERRED AGENTS

Apidra <sup>®</sup>	Novolog <sup>®</sup>
Humalog <sup>®</sup>	

### Pancreatic Enzymes

#### PREFERRED AGENTS

Creon <sup>®</sup>	pancrelipase
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### Thiazolidinediones (TZDs)

#### PREFERRED AGENTS

Actoplus Met <sup>®</sup>	Duetact <sup>®</sup>
Actos <sup>®</sup>	

## VII. GASTROINTESTINAL

### Anti-Emetics

#### PREFERRED AGENTS

ondansetron (ODT, solution, tablet)

### Helicobacter pylori Agents

#### PREFERRED AGENTS

Helidac <sup>®</sup>	Pylera <sup>®</sup>
Prevpac <sup>®</sup>	

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

#### NON-PREFERRED AGENTS

*Tradjenta™*

### Glucagon-like Peptide-1 (GLP-1) Agonists

#### NON-PREFERRED AGENTS

*Victoza<sup>®</sup>*

### Growth Hormones<sup>CDRP</sup>

#### NON-PREFERRED AGENTS (SUBJECT TO CDRP FOR AGE 21 YEARS & OLDER)

<i>Humatrope<sup>®CC</sup></i>	<i>Saizen<sup>®CC</sup></i>
<i>Norditropin<sup>®CC</sup></i>	<i>Tev-Tropin<sup>®CC</sup></i>
<i>Omnitrope<sup>®CC</sup></i>	<i>Zorbitive<sup>®CC</sup></i>

### Insulin – Long-Acting

#### NON-PREFERRED AGENTS

*None*

### Insulin – Mixes

#### NON-PREFERRED AGENTS

*None*

### Insulin – Rapid-Acting

#### NON-PREFERRED AGENTS

*None*

### Pancreatic Enzymes

#### NON-PREFERRED AGENTS

<i>Pancreaze<sup>®</sup></i>	<i>Zenpep<sup>®</sup></i>
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### Thiazolidinediones (TZDs)

#### NON-PREFERRED AGENTS

<i>Actoplus Met<sup>®</sup> XR</i>	<i>Avandaryl<sup>®</sup></i>
<i>Avandamet<sup>®</sup></i>	<i>Avandia<sup>®</sup></i>

### Anti-Emetics

#### NON-PREFERRED AGENTS

<i>Anzemet<sup>®</sup></i>	<i>Zofran<sup>®</sup> (ODT, solution, tablet)</i>
<i>granisetron (tablet)</i>	
<i>Sancuso<sup>®</sup></i>	<i>Zuplenz™</i>

### Helicobacter pylori Agents

#### NON-PREFERRED AGENTS

*None*

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### Proton Pump Inhibitors (PPIs)<sup>F/O/D</sup>

#### PREFERRED AGENTS

Nexium <sup>®</sup> (capsule)	pantoprazole
omeprazole OTC	Prilosec <sup>®</sup> OTC
omeprazole Rx	

### Sulfasalazine Derivatives

#### PREFERRED AGENTS

Apriso <sup>®</sup>	Pentasa <sup>®</sup>
Asacol <sup>®</sup>	sulfasalazine DR/EC
Dipentum <sup>®</sup>	sulfasalazine IR

## VIII. HEMATOLOGICAL AGENTS

### Anticoagulants – Injectable

#### PREFERRED AGENTS

Arixtra <sup>®</sup>	Lovenox <sup>®</sup>
Fragmin <sup>®</sup>	

### Anticoagulants – Oral

#### PREFERRED AGENTS

Coumadin <sup>®</sup>	Pradaxa <sup>®</sup>
Jantoven <sup>®</sup>	warfarin

### Erythropoiesis Stimulating Agents (ESAs)

#### PREFERRED AGENTS

Aranesp <sup>®</sup>	Procrit <sup>®</sup>
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### Platelet Inhibitors

#### PREFERRED AGENTS

Aggrenox <sup>®</sup>	Effient <sup>®</sup>
dipyridamole	Plavix <sup>®</sup>

## IX. IMMUNOLOGIC AGENTS

### Immunomodulators – Injectable

#### PREFERRED AGENTS

Enbrel <sup>®</sup>	Humira <sup>®</sup>
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## X. MISCELLANEOUS

### Progestins (for Cachexia)

#### PREFERRED AGENTS

megestrol acetate (suspension)

### Proton Pump Inhibitors (PPIs)<sup>F/O/D</sup>

#### NON-PREFERRED AGENTS

<i>Aciphex<sup>®</sup></i>	<i>Prevacid<sup>®</sup> OTC</i>
<i>Dexilant<sup>™</sup></i>	<i>Prevacid<sup>®</sup> Rx</i>
<i>lansoprazole Rx</i>	<i>Prilosec<sup>®</sup> Rx</i>
<i>(capsule, ODT)</i>	<i>Protonix<sup>®</sup></i>
<i>Nexium Packet<sup>®</sup></i>	
<i>omeprazole/sodium</i>	
<i>bicarbonate Rx</i>	

### Sulfasalazine Derivatives

#### NON-PREFERRED AGENTS

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

### Anticoagulants – Injectable

#### NON-PREFERRED AGENTS

<i>enoxaparin sodium</i>	<i>Innohep<sup>®</sup></i>
<i>fondaparinux</i>	

### Anticoagulants – Oral

#### NON-PREFERRED AGENTS

*Xarelto<sup>®</sup>*

### Erythropoiesis Stimulating Agents (ESAs)

#### NON-PREFERRED AGENTS

*Epogen<sup>®</sup>*

### Platelet Inhibitors

#### NON-PREFERRED AGENTS

<i>Brillinta<sup>™</sup></i>	<i>ticlopidine</i>
<i>Persantine<sup>®</sup></i>	

### Immunomodulators – Injectable

#### NON-PREFERRED AGENTS

<i>Cimzia<sup>®</sup></i>	<i>Simponi<sup>™</sup></i>
<i>Kineret<sup>®</sup></i>	

### Progestins (for Cachexia)

#### NON-PREFERRED AGENTS

<i>Megace<sup>®</sup> (suspension)</i>	<i>Megace ES<sup>®</sup></i>
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## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### XI. MUSCULOSKELETAL AGENTS

#### Skeletal Muscle Relaxants

##### PREFERRED AGENTS

baclofen	orphenadrine
chlorzoxazone	orphenadrine compound
cyclobenzaprine 5mg, 10mg	orphenadrine comp. forte
dantrolene	tizanidine
methocarbamol	

#### Skeletal Muscle Relaxants

##### NON-PREFERRED AGENTS

<i>Amrix</i> <sup>®</sup>	<i>Lorzone</i> <sup>™</sup>
<i>carisoprodol</i>	<i>metaxalone</i>
<i>carisoprodol compound</i>	<i>Parafon Forte</i> <sup>®</sup> DSC
<i>carisoprodol compound-codeine</i>	<i>Robaxin</i> <sup>®</sup>
<i>cyclobenzaprine 7.5mg</i>	<i>Skelaxin</i> <sup>®</sup>
<i>Dantrium</i> <sup>®</sup>	<i>Soma</i> <sup>®</sup>
<i>Zanaflex</i> <sup>®</sup>	<i>Soma</i> <sup>®</sup> 250
	<i>Fexmid</i> <sup>®</sup>

### XII. OPHTHALMICS

#### Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

##### PREFERRED AGENTS

Alphagan P <sup>®</sup>	brimonidine
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#### Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

##### NON-PREFERRED AGENTS

<i>apraclonidine</i>	<i>Iopidine</i> <sup>®</sup>
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#### Antihistamines – Ophthalmic

##### PREFERRED AGENTS

Pataday <sup>®</sup>	Patanol <sup>®</sup>
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#### Antihistamines – Ophthalmic

##### NON-PREFERRED AGENTS

<i>azelastine</i>	<i>epinastine</i>
<i>Bepreve</i> <sup>®</sup>	<i>Lastacaft</i> <sup>™</sup>
<i>Elestat</i> <sup>®</sup>	<i>Optivar</i> <sup>®</sup>
<i>Emadine</i> <sup>®</sup>	

#### Beta Blockers – Ophthalmics

##### PREFERRED AGENTS

betaxolol	Istalol <sup>®</sup>
Betimol <sup>®</sup>	levobunolol
Betoptic S <sup>®</sup>	metipranolol
carteolol	timolol maleate (gel, solution)
Combigan <sup>®</sup>	

#### Beta Blockers – Ophthalmics

##### NON-PREFERRED AGENTS

<i>Betagan</i> <sup>®</sup>	<i>Timoptic</i> <sup>®</sup> in <i>Ocudose</i> <sup>®</sup>
<i>Optipranolol</i> <sup>®</sup>	<i>Timoptic-XE</i> <sup>®</sup>
<i>Timoptic</i> <sup>®</sup>	

#### Fluoroquinolones – Ophthalmic<sup>SI</sup>

##### PREFERRED AGENTS

ciprofloxacin	Vigamox <sup>®</sup>
ofloxacin	

#### Fluoroquinolones – Ophthalmic<sup>SI</sup>

##### NON-PREFERRED AGENTS

<i>Besivance</i> <sup>™</sup>	<i>Ocuflox</i> <sup>®</sup>
<i>Ciloxan</i> <sup>®</sup>	<i>Quixin</i> <sup>®</sup>
<i>IQUIX</i> <sup>®</sup>	<i>Zymar</i> <sup>®</sup>
<i>levofloxacin</i>	<i>Zymaxid</i> <sup>™</sup>
<i>Moxeza</i> <sup>™</sup>	

#### Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

##### PREFERRED AGENTS

diclofenac	ketorolac
flurbiprofen	

#### Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

##### NON-PREFERRED AGENTS

<i>Acular</i> <sup>®</sup>	<i>Nevanac</i> <sup>®</sup>
<i>Acular LS</i> <sup>®</sup>	<i>Ocufen</i> <sup>®</sup>
<i>Acuvail</i> <sup>®</sup>	<i>Voltaren</i> <sup>®</sup>
<i>Bromday</i> <sup>™</sup>	<i>Xibrom</i> <sup>®</sup>
<i>bromfenac</i>	

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### Prostaglandin Agonists – Ophthalmic

#### PREFERRED AGENTS

latanoprost	Travatan Z <sup>®</sup>
Travatan <sup>®</sup>	

### Prostaglandin Agonists – Ophthalmic

#### NON-PREFERRED AGENTS

<i>Lumigan<sup>®</sup></i>	<i>Xalatan<sup>®</sup></i>
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### XIII. OTICS

#### Fluoroquinolones – Otic

#### PREFERRED AGENTS

Ciprodex <sup>®</sup>	ofloxacin
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#### Fluoroquinolones – Otic

#### NON-PREFERRED AGENTS

<i>Cetraxal<sup>®</sup></i>	<i>Cipro HC<sup>®</sup></i>
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### XIV. RENAL AND GENITOURINARY

#### Alpha Reductase Inhibitors for BPH

#### PREFERRED AGENTS

Avodart <sup>®</sup>	Jalyn <sup>™</sup>
finasteride	Proscar <sup>®</sup>

#### Alpha Reductase Inhibitors for BPH

#### NON-PREFERRED AGENTS

*None*

#### Phosphate Binders/Regulators

#### PREFERRED AGENTS

calcium acetate (capsule)	Renagel <sup>®</sup>
Fosrenol <sup>®</sup>	Renvela <sup>®</sup> (tablet)
Phoslo <sup>®</sup>	

#### Phosphate Binders/Regulators

#### NON-PREFERRED AGENTS

<i>calcium acetate (tablet)</i>	<i>Phoslyra<sup>™</sup></i>
<i>Eliphos<sup>™</sup></i>	<i>Renvela<sup>®</sup> (oral powder)</i>

#### Selective Alpha Adrenergic Blockers

#### PREFERRED AGENTS

tamsulosin	Uroxatral <sup>®</sup>
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#### Selective Alpha Adrenergic Blockers

#### NON-PREFERRED AGENTS

<i>alfuzosin</i>	<i>Rapaflo<sup>™</sup></i>
<i>Flomax<sup>®</sup></i>	

#### Urinary Tract Antispasmodics

#### PREFERRED AGENTS

oxybutynin	Toviaz <sup>™</sup>
Oxytrol <sup>®</sup>	Vesicare <sup>®</sup>
Sanctura XR <sup>®</sup>	

#### Urinary Tract Antispasmodics

#### NON-PREFERRED AGENTS

<i>Detrol<sup>®</sup></i>	<i>Gelnique<sup>™</sup></i>
<i>Detrol LA<sup>®</sup></i>	<i>oxybutynin ER</i>
<i>Ditropan<sup>®</sup></i>	<i>Sanctura<sup>®</sup></i>
<i>Ditropan XL<sup>®</sup></i>	<i>tropium</i>
<i>Enablex<sup>®</sup></i>	

#### Xanthine Oxidase Inhibitors

#### PREFERRED AGENTS

allopurinol

#### Xanthine Oxidase Inhibitors

#### NON-PREFERRED AGENTS

<i>Uloric<sup>®</sup></i>	<i>Zyloprim<sup>®</sup></i>
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### XV. RESPIRATORY

#### Anticholinergics – Inhaled

#### PREFERRED AGENTS

Atrovent HFA <sup>®</sup>	ipratropium/albuterol
Combivent <sup>®</sup>	Spiriva <sup>®</sup>
ipratropium	

#### Anticholinergics – Inhaled

#### NON-PREFERRED AGENTS

*Duoneb<sup>®</sup>*

## NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.  
Preferred drugs that require prior authorization are indicated by footnote.

### Antihistamines – Intranasal

#### PREFERRED AGENTS

Astelin<sup>®</sup> Patanase<sup>®</sup>  
Astepro<sup>™</sup>

### Antihistamines – Second Generation

#### PREFERRED AGENTS

cetirizine Rx (syrup)  
OTC cetirizine (tablet, syrup)  
OTC loratadine (tablet, syrup)

### Beta<sub>2</sub> Adrenergic Agents – Inhaled Long Acting

#### PREFERRED AGENTS

Foradil<sup>®</sup> Serevent Diskus<sup>®</sup>

### Beta<sub>2</sub> Adrenergic Agents – Inhaled Short Acting

#### PREFERRED AGENTS

albuterol Proventil HFA<sup>®</sup>  
Maxair Autohaler<sup>®</sup> Ventolin HFA<sup>®</sup>

### Corticosteroids – Inhaled<sup>F/Q/D</sup>

#### PREFERRED AGENTS

Asmanex<sup>®</sup> Flovent HFA<sup>®</sup>  
Flovent Diskus<sup>®</sup> QVAR<sup>®</sup>

### Corticosteroid/Beta<sub>2</sub> Adrenergic Agent (Long-Acting) Combinations – Inhaled<sup>F/Q/D</sup>

#### PREFERRED AGENTS

Advair Diskus<sup>®</sup> Symbicort<sup>®</sup>  
Advair HFA<sup>®</sup>

### Corticosteroids – Intranasal<sup>F/Q/D</sup>

#### PREFERRED AGENTS

Nasacort AQ<sup>®</sup>

### Antihistamines – Intranasal

#### NON-PREFERRED AGENTS

*azelastine*

### Antihistamines – Second Generation

#### NON-PREFERRED AGENTS

<i>Allegra<sup>®CC</sup></i>	<i>levocetirizine</i>
<i>Allegra-D<sup>®</sup></i>	<i>OTC cetirizine-D</i>
<i>Clarinet<sup>®CC</sup></i>	<i>OTC loratadine-D</i>
<i>Clarinet-D<sup>®</sup></i>	<i>Semprex-D<sup>®</sup></i>
<i>fexofenadine</i>	<i>Xyzal<sup>®CC</sup></i>
<i>fexofenadine-D</i>	

### Beta<sub>2</sub> Adrenergic Agents – Inhaled Long Acting

#### NON-PREFERRED AGENTS

<i>Arcapta<sup>™</sup></i>	<i>Perforomist<sup>®</sup></i>
<i>Brovana<sup>®</sup></i>	

### Beta<sub>2</sub> Adrenergic Agents – Inhaled Short Acting

#### NON-PREFERRED AGENTS

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

### Corticosteroids – Inhaled<sup>F/Q/D</sup>

#### NON-PREFERRED AGENTS

<i>Alvesco<sup>®</sup></i>	<i>Pulmicort<sup>®</sup> (Flexhaler)<sup>CC</sup></i>
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### Corticosteroid/Beta<sub>2</sub> Adrenergic Agent (Long-Acting) Combinations – Inhaled<sup>F/Q/D</sup>

#### NON-PREFERRED AGENTS

*Dulera<sup>®</sup>*

### Corticosteroids – Intranasal<sup>F/Q/D</sup>

#### NON-PREFERRED AGENTS

<i>Beconase AQ<sup>®</sup></i>	<i>Omnaris<sup>®</sup></i>
<i>Flonase<sup>®</sup></i>	<i>Rhinocort Aqua<sup>®</sup></i>
<i>flunisolide</i>	<i>triamcinolone</i>
<i>fluticasone</i>	<i>Veramyst<sup>®</sup></i>
<i>Nasonex<sup>®</sup></i>	

