

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)
 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)
 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)
 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)

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I. ANALGESICS

Cyclooxygenase II (COX II) Inhibitors

PREFERRED AGENTS

Celebrex[®]

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 [®] Gel

Opioids – Long-Acting^{CC}

PREFERRED AGENTS

Duragesic [®] F/Q/D	Opana ER [®] F/Q/D
fentanyl patch F/Q/D	Oramorph SR [®] F/Q/D
Kadian [®] F/Q/D	oxymorphone ER F/Q/D
morphine sulfate SR F/Q/D	

Cyclooxygenase II (COX II) Inhibitors

NON-PREFERRED AGENTS

None

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

NON-PREFERRED AGENTS

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

Opioids – Long-Acting^{CC}

NON-PREFERRED AGENTS

<i>Avinza[®] F/Q/D</i>	<i>Nucynta[®] ER F/Q/D</i>
<i>Butrans[™]</i>	<i>oxycodone HCL CR F/Q/D</i>
<i>Conzip[™] ST, F/Q/D</i>	<i>Oxycontin[®] F/Q/D</i>
<i>Exalgo[™] F/Q/D</i>	<i>Ryzolt[®] ST, F/Q/D</i>
<i>morphine sulfate ER F/Q/D</i>	<i>tramadol ER ST, F/Q/D</i>
<i>MS Contin[®] F/Q/D</i>	<i>Ultram[®] ER ST, F/Q/D</i>

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Opioids – Short-Acting^{CC}

PREFERRED AGENTS	
butalbital/APAP/codeine ^{F/Q/D}	morphine IR ^{F/Q/D}
codeine ^{F/Q/D}	oxycodone/APAP ^{F/Q/D}
codeine/APAP ^{F/Q/D}	oxycodone/ibuprofen ^{F/Q/D}
hydrocodone/APAP ^{F/Q/D}	tramadol

Opioids – Short-Acting^{CC}

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

II. ANTI-INFECTIVES

Anti-Fungals – Oral for Onychomycosis

PREFERRED AGENTS	
Gris-PEG [®]	terbinafine (tablet)
griseofulvin (suspension)	

Anti-Fungals – Oral for Onychomycosis

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

Anti-Virals - Oral

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

Anti-Virals - Oral

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

Cephalosporins – Third Generation

PREFERRED AGENTS	
cefdinir	Suprax [®]
cefepodoxime proxetil	

Cephalosporins – Third Generation

NON-PREFERRED AGENTS	
<i>Cedax[®]</i>	<i>Spectracef[®]</i>
<i>cefditoren</i>	

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Fluoroquinolones – Oral

PREFERRED AGENTS

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

Hepatitis B Agents

PREFERRED AGENTS

Baraclude [®]	Hepsera [®]
Epivir-HBV [®]	Tyzeka [®]

Hepatitis C Agents – Injectable ^{F/Q/D}

PREFERRED AGENTS

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

Hepatitis C Agents – Oral ^{ST, F/Q/D}

PREFERRED AGENTS

Incivek [™]	Victrelis [™]
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Tetracyclines

PREFERRED AGENTS

demeclocycline	minocycline HCl
doxycycline hyclate 50 mg, 100 mg	Morgidox [™] (capsule)
doxycycline monohydrate	tetracycline

Fluoroquinolones – Oral

NON-PREFERRED AGENTS

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

Hepatitis B Agents

NON-PREFERRED AGENTS

None

Hepatitis C Agents – Injectable ^{F/Q/D}

NON-PREFERRED AGENTS

None

Hepatitis C Agents - Oral

NON-PREFERRED AGENTS

None

Tetracyclines

NON-PREFERRED AGENTS

<i>Adoxa[®]</i>	<i>minocycline ER</i>
<i>Doryx[®] ^{ST, F/Q/D}</i>	<i>Oracea[®]</i>
<i>doxycycline hyclate 20 mg</i>	<i>Periostat[®]</i>
<i>doxycycline hyclate DR[®] ^{ST, F/Q/D}</i>	<i>Solodyn[®]</i>
<i>Dynacin[®]</i>	<i>Vibramycin[®]</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 [®]
Lotrel [®]	trandolapril/verapamil ER

Angiotensin Converting Enzyme Inhibitors (ACEIs)

NON-PREFERRED AGENTS

<i>Accupril[®]</i>	<i>perindopril</i>
<i>Aceon[®]</i>	<i>Prinivil[®]</i>
<i>Altace[®]</i>	<i>quinapril</i>
<i>fosinopril sodium</i>	<i>Univasc[®]</i>
<i>Lotensin[®]</i>	<i>Vasotec[®]</i>
<i>Mavik[®]</i>	<i>Zestril[®]</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 [®]	losartan
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ARBs + Calcium Channel Blockers

PREFERRED AGENTS

Exforge [®]	Exforge HCT [®]
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ARBs + Diuretics

PREFERRED AGENTS

Diovan HCT [®]	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[®]</i>	<i>quinapril/HCTZ</i>
<i>fosinopril/HCTZ</i>	<i>Uniretic[®]</i>
<i>Lotensin HCT[®]</i>	<i>Vaseretic[®]</i>
<i>Prinzide[®]</i>	<i>Zestoretic[®]</i>

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

<i>Atacand[®]</i>	<i>Edarbi[™]</i>
<i>Avapro[®]</i>	<i>eprosartan</i>
<i>Benicar[®]</i>	<i>Micardis[®]</i>
<i>Cozaar[®]</i>	<i>Teveten[®]</i>

ARBs + Calcium Channel Blockers

NON-PREFERRED AGENTS

<i>Azor[®]</i>	<i>Twynsta[®]</i>
<i>Tribenzor[™]</i>	

ARBs + Diuretics

NON-PREFERRED AGENTS

<i>Atacand HCT[®]</i>	<i>Hyzaar[®]</i>
<i>Avalide[®]</i>	<i>Micardis HCT[®]</i>
<i>Benicar HCT[®]</i>	<i>Teveten HCT[®]</i>
<i>Edarbyclor[™]</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>Dutoprol[™]</i>	<i>Ziac[®]</i>
<i>Lopressor HCT[®]</i>	

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Bile Acid Sequestrants

PREFERRED AGENTS

cholestyramine	Prevalite [®]
cholestyramine light	Questran [®]
Colestid [®]	Questran Light [®]
colestipol	Welchol [™]

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[®]

Direct Renin Inhibitors

PREFERRED AGENTS

Tekturna [®]	Valturna [®]
Tekturna HCT [®]	

Endothelin Receptor Antagonists for Pulmonary Arterial Hypertension (PAH)

PREFERRED AGENTS

Letairis [®]	Tracleer [®]
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HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

Crestor [®]	pravastatin
Lipitor [®]	Simcor [®]
lovastatin	simvastatin

Niacin Derivatives

PREFERRED AGENTS

Niaspan[®]

Bile Acid Sequestrants

NON-PREFERRED AGENTS

None

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

None

Direct Renin Inhibitors

NON-PREFERRED AGENTS

<i>Amturide[™]</i>	<i>Tekamlo[™]</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[®]</i>	<i>Lescol XL[®]</i>
<i>Altoprev[®]</i>	<i>Livalo[®]</i>
<i>atorvastatin</i>	<i>Mevacor[®]</i>
<i>atorvastatin/amlodipine</i>	<i>Pravachol[®]</i>
<i>Caduet[®]</i>	<i>Vytorin[®]</i>
<i>Lescol[®]</i>	<i>Zocor[®]</i>

Niacin Derivatives

NON-PREFERRED AGENTS

None

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Phosphodiesterase type-5 (PDE-5) Inhibitors for PAH^{CDRP}

PREFERRED AGENTS

Adcirca[®] Revatio[®]

Triglyceride Lowering Agents

PREFERRED AGENTS

gemfibrozil Trilipix[®]
Tricor[®]

Phosphodiesterase type-5 (PDE-5) Inhibitors for PAH^{CDRP}

NON-PREFERRED AGENTS

None

Triglyceride Lowering Agents

NON-PREFERRED AGENTS

<i>Antara[®]</i>	<i>Lipofen[®]</i>
<i>fenofibrate</i>	<i>Lofibra[®]</i>
<i>fenofibric acid</i>	<i>Lopid[®]</i>
<i>Fenoglide[®]</i>	<i>Lovaza[®] ST, F/Q/D</i>
<i>Fibracor[®]</i>	<i>Triglide[®]</i>

IV. CENTRAL NERVOUS SYSTEM

Alzheimer’s Agents

PREFERRED AGENTS

Aricept [®] 5 mg, 10 mg	galantamine ER
donepezil	Namenda [®]
Exelon [®] (patch, solution)	rivastigmine
galantamine	

Anticonvulsants – Second Generation

PREFERRED AGENTS

Banzel [®]	levetiracetam
felbamate	levetiracetam ER
Felbatol [®]	Lyrica [®]
gabapentin	Neurontin [®]
Gabitril [®]	Sabril [®]
Keppra [®]	Topamax [®]
Keppra XR [®]	topiramate
Lamictal [®]	Vimpat [®]
Lamictal [®] XR [™]	zonegran
lamotrigine	zonisamide

Atypical Antipsychotics

PREFERRED AGENTS

clozapine	risperidone
Fanapt [™]	Saphris [®]
FazaClo [®]	Seroquel [®] F/Q/D
Geodon [®]	Seroquel XR [®] F/Q/D

Benzodiazepines - Rectal

PREFERRED AGENTS

Diastat [®] 2.5mg	Diastat [®] AcuDia [™]
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Alzheimer’s Agents

NON-PREFERRED AGENTS

<i>Aricept[®] 23 mg</i>	<i>Razadyne[®]</i>
<i>Exelon[®] (capsule)</i>	<i>Razadyne ER[®]</i>

Anticonvulsants – Second Generation

NON-PREFERRED AGENTS

None

Atypical Antipsychotics

NON-PREFERRED AGENTS (PA REQUIREMENTS EFFECTIVE 12/29/2011)

<i>Abilify[®] CC</i>	<i>olanzapine CC</i>
<i>Clozaril[®] CC</i>	<i>Risperdal[®] CC</i>
<i>Invega[®] CC, ST, F/Q/D</i>	<i>Zyprexa[®] CC</i>
<i>Latuda[®] CC</i>	

Benzodiazepines - Rectal

NON-PREFERRED AGENTS

diazepam (rectal gel)

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Carbamazepine Derivatives

PREFERRED AGENTS

carbamazepine (chewable, suspension, tablet)	oxcarbazepine
carbamazepine XR (tablet)	Tegretol [®] (chewable, suspension, tablet)
Carbatrol [®]	Tegretol XR [®]
Epitol [®]	Trileptal [®]
Equetro [®]	

Central Nervous System (CNS) Stimulants ^{F/O/D}

PREFERRED AGENTS

Adderall XR [®]	Focalin XR [®]
amphetamine salt combo immediate release	Metadate ER [®]
Concerta [®]	Methylin [®]
dexamethylphenidate	Methylin ER [®]
dextroamphetamine	methylphenidate
dextroamphetamine SR	methylphenidate SR
Focalin [®]	10 mg, 20 mg (tablet)
	Vyvanse [®]

Multiple Sclerosis Agents

PREFERRED AGENTS

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

Non-Ergot Dopamine Receptor Agonists

PREFERRED AGENTS

Mirapex [®]	ropinirole
pramipexole	

Other Agents for Attention Deficit Hyperactivity Disorder (ADHD)

PREFERRED AGENTS

Intuniv [™]	Strattera [®]
Kapvay [™]	

Carbamazepine Derivatives

NON-PREFERRED AGENTS

carbamazepine ER (capsule)

Central Nervous System (CNS) Stimulants ^{F/O/D}

NON-PREFERRED AGENTS

Adderall[®]
amphetamine salt combo extended release
Daytrana[®]
Desoxyn[®]
Dexedrine Spansule[®]
Metadate CD[®]
methamphetamine
methylphenidate ER 18 mg, 27 mg, 36 mg, 54 mg
methylphenidate ER 20 mg, 30 mg, 40 mg (capsule)
Nuvigil^{®CC}
Procentra[®]
Provigil^{®CC}
Ritalin[®]
Ritalin LA[®]
Ritalin SR[®]

Multiple Sclerosis Agents

NON-PREFERRED AGENTS

Extavia[®] *Gilenya[™]*

Non-Ergot Dopamine Receptor Agonists

NON-PREFERRED AGENTS

Mirapex ER *Requip[®] XL[™]*
Requip[®]

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 ^{F/Q/D}

Selective Serotonin Reuptake Inhibitors (SSRIs)

PREFERRED AGENTS

citalopram	paroxetine
fluoxetine	sertraline
fluvoxamine	

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

PREFERRED AGENTS

Cymbalta [®]	venlafaxine
Effexor XR [®]	venlafaxine ER (capsule)
Savella [®]	

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Maxalt-MLT ^{®F/Q/D}	sumatriptan ^{F/Q/D}
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V. DERMATOLOGIC AGENTS

Agents for Actinic Keratosis

PREFERRED AGENTS

Carac [®]	fluorouracil
Efudex [®]	Solaraze ^{® F/Q/D}
Fluoroplex [®]	

Antibiotics – Topical

PREFERRED AGENTS

Altanax [®]	mupirocin (ointment)
Bactroban [®] (cream)	

Sedative Hypnotics/Sleep Agents

NON-PREFERRED AGENTS

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

Selective Serotonin Reuptake Inhibitors (SSRIs)

NON-PREFERRED AGENTS

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

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

NON-PREFERRED AGENTS

<i>Pristiq[®]</i>
<i>venlafaxine ER (tablet)</i>

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS

<i>Amerge^{®F/Q/D}</i>	<i>naratriptan^{F/Q/D}</i>
<i>Axert^{®F/Q/D}</i>	<i>Relpax^{®F/Q/D}</i>
<i>Frova^{®F/Q/D}</i>	<i>Sumavel^{® DosePro[™]}</i>
<i>Imitrex^{®F/Q/D}</i>	<i>Treximet^{®F/Q/D}</i>
<i>Maxalt^{®F/Q/D}</i>	<i>Zomig^{®F/Q/D}</i>

Agents for Actinic Keratosis

NON-PREFERRED AGENTS

None

Antibiotics – Topical

NON-PREFERRED AGENTS

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

PREFERRED AGENTS

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

Anti-Virals – Topical

PREFERRED AGENTS

Abreva [®]	Zovirax [®] (ointment)
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Immunomodulators – Topical^{CDRP}

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

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[®] F/O/D</i>
	<i>Xolegel[®]</i>

Anti-Virals – Topical

NON-PREFERRED AGENTS

<i>Denavir[®]</i>	<i>Zovirax[®] (cream)</i>
<i>Xerese[™]</i>	

Immunomodulators – Topical^{CDRP}

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^{SI}

NON-PREFERRED AGENTS

<i>Aclovate[®]</i>	<i>Desowen[®]</i>
<i>alclometasone</i>	<i>fluocinolone (oil)</i>
<i>Derma-Smoothe/FS[®]</i>	<i>Texacort[®]</i>
<i>Desonate[®]</i>	<i>Verdeso[™]</i>
<i>desonide</i>	

Steroids, Topical – Medium Potency^{SI}

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.
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Steroids, Topical – High Potency

PREFERRED AGENTS

amcinonide	fluocinonide emollient
fluocinonide	triamcinolone acetonide
fluocinonide-E	

Steroids, Topical – Very High Potency

PREFERRED AGENTS

clobetasol (cream, foam, gel, ointment, solution)
halobetasol

VI. ENDOCRINE AND METABOLIC AGENTS

Amylin Analogs

PREFERRED AGENTS

Symlin [®]

Anabolic Steroids – Topical^{F/O/D}

PREFERRED AGENTS

Androderm [®]	Fortesta [™]
Androgel [®]	Testim [®]
Axiron [®]	

Biguanides

PREFERRED AGENTS

metformin HCl
metformin ER (generic for Glucophage XR)

Bisphosphonates – Oral^{F/O/D}

PREFERRED AGENTS

alendronate	Fosamax [®] (solution)
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Calcitonins – Intranasal

PREFERRED AGENTS

calcitonin-salmon	Miacalcin [®]
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Steroids, Topical – High PotencyST

NON-PREFERRED AGENTS

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

Steroids, Topical – Very High PotencyST

NON-PREFERRED AGENTS

<i>clobetasol (lotion)</i>	<i>Olux-E[®]</i>
<i>Clobex[®]</i>	<i>Temovate[®]</i>
<i>Cormax[®]</i>	<i>Temovate-E[®]</i>
<i>Olux[®]</i>	<i>Ultravate[®]</i>

Amylin Analogs

NON-PREFERRED AGENTS

<i>None</i>

Anabolic Steroids – Topical^{F/O/D}

NON-PREFERRED AGENTS

<i>None</i>

Biguanides

NON-PREFERRED AGENTS

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

Bisphosphonates – Oral^{F/O/D}

NON-PREFERRED AGENTS

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

Calcitonins – Intranasal

NON-PREFERRED AGENTS

<i>Fortical[®]</i>

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PREFERRED AGENTS

Janumet [®]	Kombiglyze XR™
Januvia [®]	Onglyza [®]

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

PREFERRED AGENTS

Byetta[®]

Growth Hormones^{CDRP}

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

Genotropin [®]	Nutropin AQ [®]
Nutropin [®]	

Insulin – Long-Acting

PREFERRED AGENTS

Lantus [®]	Levemir
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Insulin – Mixes

PREFERRED AGENTS

Humalog [®] Mix	Novolog [®] Mix
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Insulin – Rapid-Acting

PREFERRED AGENTS

Apidra [®]	Novolog [®]
Humalog [®]	

Pancreatic Enzymes

PREFERRED AGENTS

Creon [®]	pancrelipase
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Thiazolidinediones (TZDs)

PREFERRED AGENTS

Actoplus Met [®]	Duetact [®]
Actos [®]	

VII. GASTROINTESTINAL

Anti-Emetics

PREFERRED AGENTS

ondansetron (ODT, solution, tablet)

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

NON-PREFERRED AGENTS

<i>Janumet[®] XR</i>	<i>Juvisync™</i>
<i>Jentaduo™</i>	<i>Tradjenta™</i>

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

NON-PREFERRED AGENTS

<i>Bydureon™</i>	<i>Victoza[®]</i>
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Growth Hormones^{CDRP}

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

<i>Humatrope^{®CC}</i>	<i>Saizen^{®CC}</i>
<i>Norditropin^{®CC}</i>	<i>Tev-Tropin^{®CC}</i>
<i>Omnitrope^{®CC}</i>	<i>Zorbitive^{®CC}</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[®]</i>	<i>Zenpep[®]</i>
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Thiazolidinediones (TZDs)

NON-PREFERRED AGENTS

<i>Actoplus Met[®] XR</i>	<i>Avandaryl[®]</i>
<i>Avandamet[®]</i>	<i>Avandia[®]</i>

Anti-Emetics

NON-PREFERRED AGENTS

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

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.
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Helicobacter pylori Agents

PREFERRED AGENTS

Helidac [®]	Pylera [®]
Prevpac [®]	

Proton Pump Inhibitors (PPIs)^{F/Q/D}

PREFERRED AGENTS

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

Sulfasalazine Derivatives

PREFERRED AGENTS

Apriso [®]	Pentasa [®]
Asacol [®]	sulfasalazine DR/EC
Dipentum [®]	sulfasalazine IR

VIII. HEMATOLOGICAL AGENTS

Anticoagulants – Injectable

PREFERRED AGENTS

Arixtra [®]	Lovenox [®]
Fragmin [®]	

Anticoagulants – Oral

PREFERRED AGENTS

Coumadin [®]	Pradaxa [®]
Jantoven [®]	warfarin

Erythropoiesis Stimulating Agents (ESAs)

PREFERRED AGENTS

Aranesp [®]	Procrit [®]
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Platelet Inhibitors

PREFERRED AGENTS

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

IX. IMMUNOLOGIC AGENTS

Immunomodulators – Injectable

PREFERRED AGENTS

Enbrel [®]	Humira [®]
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Helicobacter pylori Agents

NON-PREFERRED AGENTS

None

Proton Pump Inhibitors (PPIs)^{F/Q/D}

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>(capsule, ODT)</i>	<i>Protonix[®]</i>
<i>Nexium Packet[®]</i>	
<i>omeprazole/sodium</i>	
<i>bicarbonate Rx</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>

Anticoagulants – Injectable

NON-PREFERRED AGENTS

<i>enoxaparin sodium</i>	<i>Innohep[®]</i>
<i>fondaparinux</i>	

Anticoagulants – Oral

NON-PREFERRED AGENTS

Xarelto[®]

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS

Epogen[®]

Platelet Inhibitors

NON-PREFERRED AGENTS

<i>Brilinta[™]</i>	<i>ticlopidine</i>
<i>Persantine[®]</i>	

Immunomodulators – Injectable

NON-PREFERRED AGENTS

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

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

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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 5mg, 10mg	orphenadrine comp. forte
dantrolene	tizanidine (tablet)
methocarbamol	

Skeletal Muscle Relaxants

NON-PREFERRED AGENTS

<i>Amrix</i> [®]	<i>metaxalone</i>
<i>carisoprodol</i> ^{ST, F/Q/D}	<i>Parafon Forte</i> [®] DSC
<i>carisoprodol compound</i> ^{ST, F/Q/D}	<i>Robaxin</i> [®]
<i>carisoprodol compound-codeine</i> ^{ST, F/Q/D}	<i>Skelaxin</i> [®]
<i>cyclobenzaprine 7.5mg</i>	<i>Soma</i> [®] ^{ST, F/Q/D}
<i>Dantrium</i> [®]	<i>Soma</i> [®] 250 ^{ST, F/Q/D}
<i>Fexmid</i> [®]	<i>tizanidine (capsule)</i>
<i>Lorzone</i> [™]	<i>Zanaflex</i> [®]

XII. OPHTHALMICS

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

PREFERRED AGENTS

Alphagan P[®] brimonidine

Antihistamines – Ophthalmic

PREFERRED AGENTS

Pataday[®] Patanol[®]

Beta Blockers – Ophthalmics

PREFERRED AGENTS

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

Fluoroquinolones – Ophthalmic ST

PREFERRED AGENTS (STEP THERAPY REQUIRED FOR AGES 21 YEARS AND YOUNGER)

ciprofloxacin Vigamox[®]
ofloxacin

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

NON-PREFERRED AGENTS

apraclonidine *lopidine*[®]

Antihistamines – Ophthalmic

NON-PREFERRED AGENTS

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

Beta Blockers – Ophthalmics

NON-PREFERRED AGENTS

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

Fluoroquinolones – Ophthalmic ST

NON-PREFERRED AGENTS (STEP THERAPY REQUIRED FOR AGES 21 YEARS AND YOUNGER)

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

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

Non-preferred drugs in these classes require prior authorization (PA), unless indicated otherwise.
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Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

PREFERRED AGENTS

diclofenac	ketorolac
flurbiprofen	

Prostaglandin Agonists – Ophthalmic

PREFERRED AGENTS

latanoprost	Travatan Z [®]
Travatan [®]	

XIII. OTICS

Fluoroquinolones – Otic

PREFERRED AGENTS

Ciprodex [®]	ofloxacin
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XIV. RENAL AND GENITOURINARY

Alpha Reductase Inhibitors for BPH

PREFERRED AGENTS

Avodart [®]	Jalyn [™]
finasteride	Proscar [®]

Phosphate Binders/Regulators

PREFERRED AGENTS

calcium acetate (capsule)	Renagel [®]
Fosrenol [®]	Renvela [®] (tablet)
Phoslo [®]	

Selective Alpha Adrenergic Blockers

PREFERRED AGENTS

tamsulosin	Uroxatral [®]
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Urinary Tract Antispasmodics

PREFERRED AGENTS

oxybutynin	Toviaz [™]
Oxytrol [®]	Vesicare [®]
Sanctura XR [®]	

Xanthine Oxidase Inhibitors

PREFERRED AGENTS

allopurinol

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

NON-PREFERRED AGENTS

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

Prostaglandin Agonists – Ophthalmic

NON-PREFERRED AGENTS

<i>Lumigan[®]</i>	<i>Xalatan[®]</i>
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Fluoroquinolones – Otic

NON-PREFERRED AGENTS

<i>Cetraxal[®]</i>	<i>Cipro HC[®]</i>
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Alpha Reductase Inhibitors for BPH

NON-PREFERRED AGENTS

None

Phosphate Binders/Regulators

NON-PREFERRED AGENTS

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

Selective Alpha Adrenergic Blockers

NON-PREFERRED AGENTS

<i>alfuzosin</i>	<i>Rapaflo[™]</i>
<i>Flomax[®]</i>	

Urinary Tract Antispasmodics

NON-PREFERRED AGENTS

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

Xanthine Oxidase Inhibitors

NON-PREFERRED AGENTS

<i>Uloric[®]</i>	<i>Zyloprim[®]</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.
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XV. RESPIRATORY

Anticholinergics – Inhaled

PREFERRED AGENTS

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

Antihistamines – Intranasal

PREFERRED AGENTS

Astelin [®]	Patanase [®]
Astepro [™]	

Antihistamines – Second Generation

PREFERRED AGENTS

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

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 ^{F/Q/D}

PREFERRED AGENTS

Asmanex [®]	Flovent HFA [®]
Flovent Diskus [®]	QVAR [®]

Corticosteroid/Beta₂ Adrenergic Agent (Long-Acting) Combinations – Inhaled ^{F/Q/D}

PREFERRED AGENTS

Advair Diskus [®]	Symbicort [®]
Advair HFA [®]	

Anticholinergics – Inhaled

NON-PREFERRED AGENTS

Duoneb[®]

Antihistamines – Intranasal

NON-PREFERRED AGENTS

azelastine

Antihistamines – Second Generation

NON-PREFERRED AGENTS

<i>Allegra^{®CC}</i>	<i>levocetirizine</i>
<i>Allegra-D[®]</i>	<i>OTC cetirizine-D</i>
<i>Clarinet^{®CC}</i>	<i>OTC loratadine-D</i>
<i>Clarinet-D[®]</i>	<i>Semprex-D[®]</i>
<i>fexofenadine</i>	<i>Xyzal^{®CC}</i>
<i>fexofenadine-D</i>	

Beta₂ Adrenergic Agents – Inhaled Long Acting

NON-PREFERRED AGENTS

<i>Arcapta[™]</i>	<i>Perforomist[®]</i>
<i>Brovana[®]</i>	

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 ^{F/Q/D}

NON-PREFERRED AGENTS

<i>Alvesco[®]</i>	<i>Pulmicort[®] (Flexhaler)^{CC}</i>
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Corticosteroid/Beta₂ Adrenergic Agent (Long-Acting) Combinations – Inhaled ^{F/Q/D}

NON-PREFERRED AGENTS

Dulera[®]

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.

Corticosteroids – Intranasal ^{F/O/D}

PREFERRED AGENTS

Nasacort AQ[®]

Corticosteroids – Intranasal ^{F/O/D}

NON-PREFERRED AGENTS

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

Leukotriene Modifiers

PREFERRED AGENTS

Accolate[®] zafirlukast
Singular[®] ^{SI}

Leukotriene Modifiers

NON-PREFERRED AGENTS

None

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

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493