

# NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization

## I. ANALGESICS

### Narcotics - Long Acting

#### PREFERRED AGENTS

Duragesic<sup>®</sup> morphine sulfate SR  
fentanyl patch Oramorph SR<sup>®</sup>  
Kadian<sup>®</sup>

### Narcotics - Long Acting

#### NON-PREFERRED AGENTS

*Avinza<sup>®</sup> oxycodone HCL CR*  
*MS Contin<sup>®</sup> Oxycontin<sup>®</sup>*  
*Opana ER<sup>®</sup>*

## II. ANTI-INFECTIVES

### Anti-Fungals

#### PREFERRED AGENTS

Fulvicin U/F<sup>®</sup> Lamisil<sup>®</sup>  
Grifulvin V<sup>®</sup> (tablet)  
Gris-PEG<sup>®</sup>  
griseofulvin (suspension)

### Anti-Fungals

#### NON-PREFERRED AGENTS

*Grifulvin V<sup>®</sup> (suspension)*  
*itraconazole (capsule)*  
*Penlac<sup>®</sup>*  
*Sporanox<sup>®</sup> (capsule, solution)*

### Anti-Virals

#### PREFERRED AGENTS

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

### Anti-Virals

#### NON-PREFERRED AGENTS

*Zovirax<sup>®</sup> (tablet, capsule, suspension)*

### Cephalosporins - Third Generation

#### PREFERRED AGENTS

Cedax<sup>®</sup> (capsule, suspension)  
cefepodoxime proxetil (tablet)  
Omnicef<sup>®</sup> (capsule, suspension)  
Suprax<sup>®</sup>

### Cephalosporins - Third Generation

#### NON-PREFERRED AGENTS

*Spectracef<sup>®</sup>*  
*Vantin<sup>®</sup> (tablet, suspension)*

### Fluoroquinolones

#### PREFERRED AGENTS

Avelox<sup>®</sup>  
Avelox ABC Pack<sup>®</sup>  
Cipro<sup>®1</sup> (suspension)  
ciprofloxacin (tablet, suspension)  
ofloxacin

### Fluoroquinolones

#### NON-PREFERRED AGENTS

*Cipro<sup>®</sup> (tablet) Levaquin<sup>®</sup> (tablet, solution)*  
*Cipro XR<sup>®</sup> Maxaquin<sup>®</sup>*  
*ciprofloxacin ER Noroxin<sup>®</sup>*  
*Factive<sup>®</sup> Proquin XR<sup>®</sup>*  
*Floxin<sup>®</sup> Tequin<sup>®</sup>*

### Hepatitis C Agents

#### PREFERRED AGENTS

PEG-Intron<sup>®</sup>  
PEG-Intron Redipen<sup>®</sup>  
Pegasys<sup>®</sup>  
Pegasis Convenience Pack<sup>®</sup>

### Hepatitis C Agents

#### NON-PREFERRED AGENTS

*none*

<sup>1</sup> Preferred as of 8/28/07

<sup>2</sup> Non-preferred as of 8/28/07

<sup>CC</sup> Clinical Criteria ([https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_clinical\\_criteria.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf))

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## III. CARDIOVASCULAR

### Angiotensin Converting Enzyme

#### Inhibitors (ACEIs)

##### PREFERRED AGENTS

Altace <sup>®</sup>	moexipril
benazepril	trandolapril
captopril	
enalapril maleate	
lisinopril	

#### ACEIs + Calcium Channel Blockers

##### PREFERRED AGENTS

Lotrel <sup>®</sup>	Tarka <sup>®</sup>
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#### ACEIs + Diuretics

##### PREFERRED AGENTS

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

#### Angiotensin Receptor Blockers (ARBs)

##### PREFERRED AGENTS

Avapro <sup>®1</sup>	Diovan <sup>®</sup>
Benicar <sup>®</sup>	Micardis <sup>®</sup>
Cozaar <sup>®</sup>	

#### ARBs + Diuretics

##### PREFERRED AGENTS

Avalide <sup>®1</sup>	Hyzaar <sup>®</sup>
Benicar HCT <sup>®</sup>	Micardis HCT <sup>®</sup>
Diovan HCT <sup>®</sup>	

#### Beta Blockers

##### PREFERRED AGENTS

acebutolol	metoprolol tartrate
atenolol	nadolol
betaxolol	pindolol
bisoprolol fumarate	propranolol (tablet, solution)
Coreg <sup>®1</sup>	propranolol ER (capsule)
labetalol	timolol maleate

### Angiotensin Converting Enzyme

#### Inhibitors (ACEIs)

##### NON-PREFERRED AGENTS

<i>Accupril<sup>®</sup></i>	<i>Monopril<sup>®</sup></i>
<i>Aceon<sup>®</sup></i>	<i>Prinivil<sup>®</sup></i>
<i>Capoten<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>®2</sup></i>	<i>Zestril<sup>®</sup></i>

#### ACEIs + Calcium Channel Blockers

##### NON-PREFERRED AGENTS

<i>Lexxel<sup>®</sup></i>
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#### ACEIs + Diuretics

##### NON-PREFERRED AGENTS

<i>Accuretic<sup>®</sup></i>	<i>Prinzide<sup>®</sup></i>
<i>Capozide<sup>®</sup></i>	<i>quinapril/HCTZ</i>
<i>fosinopril/HCTZ</i>	<i>Quinaretic<sup>®</sup></i>
<i>Lotensin HCT<sup>®</sup></i>	<i>Uniretic<sup>®2</sup></i>
<i>Monopril HCT<sup>®</sup></i>	<i>Vaseretic<sup>®</sup></i>
	<i>Zestoretic<sup>®</sup></i>

#### Angiotensin Receptor Blockers (ARBs)

##### NON-PREFERRED AGENTS

<i>Atacand<sup>®</sup></i>
<i>Teveten<sup>®</sup></i>

#### ARBs + Diuretics

##### NON-PREFERRED AGENTS

<i>Atacand HCT<sup>®</sup></i>
<i>Teveten HCT<sup>®</sup></i>

#### Beta Blockers

##### NON-PREFERRED AGENTS

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

<sup>1</sup> Preferred as of 8/28/07

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<sup>CC</sup> Clinical Criteria ([https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_clinical\\_criteria.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf))

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## Beta Blockers + Diuretics

### PREFERRED AGENTS

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

## Calcium Channel Blockers (Dihydropyridine)

### PREFERRED AGENTS

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

## Cholesterol Absorption Inhibitors

### PREFERRED AGENTS

Zetia<sup>®</sup>

## HMG-CoA Reductase Inhibitors (Statins)

### PREFERRED AGENTS

Advicor <sup>®</sup>	Lipitor <sup>®</sup>
Altoprev <sup>®</sup>	pravastatin <sup>1</sup>
Crestor <sup>®</sup>	simvastatin
Lescol <sup>®</sup>	Vytorin <sup>®</sup>
Lescol XL <sup>®</sup>	

## Triglyceride Lowering Agents

### PREFERRED AGENTS

fenofibrate <sup>1</sup>	Lofibra <sup>®</sup>
gemfibrozil	Tricor <sup>®1</sup>

## IV. CENTRAL NERVOUS SYSTEM

### Sedative Hypnotics / Sleep Agents

#### PREFERRED AGENTS

Ambien CR <sup>®</sup>	triazolam
chloral hydrate	zolpidem <sup>1</sup>
estazolam	
flurazepam	
temazepam	

## Beta Blockers + Diuretics

### NON-PREFERRED AGENTS

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

## Calcium Channel Blockers (Dihydropyridine)

### NON-PREFERRED AGENTS

<i>Adalat CC<sup>®</sup></i>	<i>Plendil<sup>®</sup></i>
<i>Cardene<sup>®</sup></i>	<i>Procardia<sup>®</sup></i>
<i>Cardene SR<sup>®</sup></i>	<i>Procardia XL<sup>®</sup></i>
<i>Norvasc<sup>®2</sup></i>	

## Cholesterol Absorption Inhibitors

### NON-PREFERRED AGENTS

*none*

## HMG-CoA Reductase Inhibitors (Statins)

### NON-PREFERRED AGENTS

<i>Caduet<sup>®</sup></i>	<i>Pravachol<sup>®</sup></i>
<i>lovastatin</i>	<i>Zocor<sup>®2</sup></i>
<i>Mevacor<sup>®</sup></i>	

## Triglyceride Lowering Agents

### NON-PREFERRED AGENTS

<i>Antara<sup>®</sup></i>	<i>Omacor<sup>®</sup></i>
<i>Lopid<sup>®</sup></i>	<i>Triglide<sup>®</sup></i>

### Sedative Hypnotics / Sleep Agents

#### NON-PREFERRED AGENTS

<i>Ambien<sup>®</sup></i>	<i>Prosom<sup>®</sup></i>
<i>Dalmane<sup>®</sup></i>	<i>Restoril<sup>®</sup></i>
<i>Doral<sup>®</sup></i>	<i>Rozerem<sup>®</sup></i>
<i>Halcion<sup>®</sup></i>	<i>Somnote<sup>®</sup></i>
<i>Lunesta<sup>®</sup></i>	<i>Sonata<sup>®</sup></i>

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

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493

## Serotonin Receptor Agonists (Triptans)

### PREFERRED AGENTS

Imitrex<sup>®</sup> (tablet, nasal, injection)  
Maxalt<sup>®</sup> (tablet, MLT)  
Relpax<sup>®1</sup>

## Serotonin Receptor Agonists (Triptans)

### NON-PREFERRED AGENTS

Amerge<sup>®</sup> Frova<sup>®</sup>  
Axert<sup>®</sup> Zomig<sup>®</sup> (tablet, nasal, ZMT)

## V. ENDOCRINE AND METABOLIC AGENTS

### Bisphosphonates

#### PREFERRED AGENTS

Fosamax<sup>®</sup> (tablet, solution)  
Fosamax<sup>®</sup> Plus D

### Bisphosphonates

#### NON-PREFERRED AGENTS

Actonel<sup>®</sup> Boniva<sup>®</sup>  
Actonel<sup>®</sup> with Calcium

### Calcitonins - Intranasal

#### PREFERRED AGENTS

Miacalcin<sup>®</sup>

### Calcitonins - Intranasal

#### NON-PREFERRED AGENTS

Fortical<sup>®</sup>

### Thiazolidinediones (TZDs)

#### PREFERRED AGENTS

Actos<sup>®</sup> Avandamet<sup>®</sup>  
Actoplus Met<sup>®</sup> Avandaryl<sup>®</sup>  
Avandia<sup>®</sup> Duetact<sup>®1</sup>

### Thiazolidinediones (TZDs)

#### NON-PREFERRED AGENTS

none

## VI. GASTROINTESTINAL

### Anti-Emetics

#### PREFERRED AGENTS

Kytril<sup>®</sup> (tablet, solution)  
Zofran<sup>®</sup> (tablet, solution, ODT)

### Anti-Emetics

#### NON-PREFERRED AGENTS

Anzemet<sup>®</sup>

### Proton Pump Inhibitors (PPIs)

#### PREFERRED AGENTS

Nexium<sup>®</sup>  
Prevacid<sup>®</sup> (capsule)  
Prilosec OTC<sup>®</sup>

### Proton Pump Inhibitors (PPIs)

#### NON-PREFERRED AGENTS

Aciphex<sup>®</sup> Prevacid NapraPAC<sup>®</sup>  
Nexium Packet<sup>®</sup> Prilosec<sup>®</sup>  
omeprazole Protonix<sup>®</sup>  
Prevacid<sup>®</sup> (solutab, packet) Zegerid<sup>®</sup> (capsule, packet)

## VII. IMMUNOLOGIC AGENTS

### Immunomodulators - Injectable

#### PREFERRED AGENTS

Enbrel<sup>®</sup>  
Humira<sup>®</sup>

### Immunomodulators - Injectable

#### NON-PREFERRED AGENTS

Kineret<sup>®</sup>

### Immunomodulators - Topical

#### PREFERRED AGENTS

Elidel<sup>®</sup>  
Protopic<sup>®</sup>

### Immunomodulators - Topical

#### NON-PREFERRED AGENTS

None

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## VIII. OPHTHALMICS

### Antihistamines - Ophthalmic

#### PREFERRED AGENTS

Patanol<sup>®</sup>  
Pataday<sup>®1</sup>

### Fluoroquinolones - Ophthalmic

#### PREFERRED AGENTS

ciprofloxacin                      Vigamox<sup>®</sup>  
ofloxacin

### Antihistamines - Ophthalmic

#### NON-PREFERRED AGENTS

*Elestat<sup>®</sup>*                                      *ketotifen RX*  
*Emadine<sup>®</sup>*                                      *Optivar<sup>®</sup>*

### Fluoroquinolones - Ophthalmic

#### NON-PREFERRED AGENTS

*Ciloxan<sup>®</sup> (solution, ointment)*      *Quixin<sup>®</sup>*  
*Ocuflox<sup>®</sup>*                                      *Zymar<sup>®</sup>*

## IX. OTICS

### Fluoroquinolones - Otic

#### PREFERRED AGENTS

Ciprodex<sup>®</sup>  
Floxin<sup>®</sup>

### Fluoroquinolones - Otic

#### NON-PREFERRED AGENTS

*Cipro HC<sup>®</sup>*

## X. RENAL AND GENITOURINARY

### Phosphate Binders / Regulators

#### PREFERRED AGENTS

Fosrenol<sup>®</sup>                                      Renagel<sup>®</sup>  
Phoslo<sup>®</sup>

### Phosphate Binders / Regulators

#### NON-PREFERRED AGENTS

*none*

## XI. RESPIRATORY

### Anticholinergics - Inhaled

#### PREFERRED AGENTS

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

### Anticholinergics - Inhaled

#### NON-PREFERRED AGENTS

*Duoneb<sup>®</sup>*

### Antihistamines - Second Generation

#### PREFERRED AGENTS

OTC loratadine  
OTC loratadine-D

### Antihistamines - Second Generation<sup>CC</sup>

#### NON-PREFERRED AGENTS

*Allegra<sup>®</sup> (tablet, capsule, suspension)*      *fexofenadine*  
*Allegra-D<sup>®</sup>*    *Semprex-D<sup>®</sup>*  
*Clarinet<sup>®</sup>*    *Zyrtec<sup>®CC</sup>*  
*Clarinet-D<sup>®</sup>*    *Zyrtec-D<sup>®</sup>*

### 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 Long Acting

#### NON-PREFERRED AGENTS

*Brovana<sup>®</sup>*

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### Beta<sub>2</sub> Adrenergic Agents - Inhaled Short

#### Acting

##### PREFERRED AGENTS

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

### Corticosteroids - Inhaled

##### PREFERRED AGENTS

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

### Corticosteroids - Intranasal

##### PREFERRED AGENTS

Nasacort AQ <sup>®</sup>
Nasonex <sup>®</sup>

### Leukotriene Modifiers

##### PREFERRED AGENTS

Accolate <sup>®</sup>
Singulair <sup>®</sup>

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

#### Acting

##### NON-PREFERRED AGENTS

<i>Accuneb<sup>®</sup></i>	<i>ProAir HFA<sup>®</sup></i>
<i>Alupent<sup>®</sup></i>	<i>Proventil<sup>®</sup></i>
<i>metaproterenol</i>	

### Corticosteroids - Inhaled<sup>CC</sup>

##### NON-PREFERRED AGENTS

<i>Aerobid<sup>®</sup></i>
<i>Aerobid-M<sup>®</sup></i>
<i>Pulmicort<sup>®</sup> (Flexhaler, Turbuhaler)<sup>CC</sup></i>
<i>Symbicort<sup>®</sup></i>

### Corticosteroids - Intranasal

##### NON-PREFERRED AGENTS

<i>Beconase AQ<sup>®</sup></i>	<i>fluticasone</i>
<i>Flonase<sup>®</sup></i>	<i>Nasarel<sup>®</sup></i>
<i>flunisolide</i>	<i>Rhinocort Aqua<sup>®</sup></i>
	<i>Veramyst<sup>®</sup></i>

### Leukotriene Modifiers

##### NON-PREFERRED AGENTS

*None*

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