

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization

III. CARDIOVASCULAR

Angiotensin Converting Enzyme Inhibitors (ACEIs)

PREFERRED AGENTS

Altace [®] (capsule)	lisinopril
benazepril	moexipril
captopril	trandolapril
enalapril maleate	

ACEIs + Calcium Channel Blockers

PREFERRED AGENTS

Lotrel [®]	Tarka [®]
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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

Avapro [®]	Diovan [®]
Benicar [®]	Micardis [®]
Cozaar [®]	

ARBs + Diuretics

PREFERRED AGENTS

Avalide [®]	Hyzaar [®]
Benicar HCT [®]	Micardis HCT [®]
Diovan HCT [®]	

Beta Blockers

PREFERRED AGENTS

acebutolol	metoprolol tartrate
atenolol	nadolol
betaxolol	pindolol
bisoprolol fumarate	propranolol (tablet, solution)
Coreg [®]	propranolol ER (capsule)
labetalol	timolol maleate

Angiotensin Converting Enzyme Inhibitors (ACEIs)

NON-PREFERRED AGENTS

<i>Accupril[®]</i>	<i>Monopril[®]</i>
<i>Aceon[®]</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

<i>Lexxel[®]</i>

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>	

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

<i>Atacand[®]</i>	<i>Exforge[®]</i>
<i>Azor[®]</i>	<i>Teveten[®]</i>

ARBs + Diuretics

NON-PREFERRED AGENTS

<i>Atacand HCT[®]</i>
<i>Teveten HCT[®]</i>

Beta Blockers

NON-PREFERRED AGENTS

<i>Bystolic[®]</i>	<i>Lopressor[®]</i>
<i>Coreg CR[®]</i>	<i>metoprolol succinate</i>
<i>Corgard[®]</i>	<i>Sectral[®]</i>
<i>Inderal[®]</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>	

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

Cholesterol Absorption Inhibitors

PREFERRED AGENTS

Zetia[®]

HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

Advicor[®] Lipitor[®]
Altoprev[®] pravastatin
Crestor[®] simvastatin
Lescol[®] Vytarin[®]
Lescol XL[®]

Triglyceride Lowering Agents

PREFERRED AGENTS

fenofibrate Lofibra[®]
gemfibrozil Tricor[®]

Beta Blockers + Diuretics

NON-PREFERRED AGENTS

Corzide[®] Tenoretic[®]
Inderide[®] Ziac[®]
Lopressor HCT[®]

Calcium Channel Blockers (Dihydropyridine)

NON-PREFERRED AGENTS

Adalat CC[®] Plendil[®]
Cardene[®] Procardia[®]
Cardene SR[®] Procardia XL[®]
Norvasc[®]

Cholesterol Absorption Inhibitors

NON-PREFERRED AGENTS

none

HMG-CoA Reductase Inhibitors (Statins)

NON-PREFERRED AGENTS

Caduet[®] Pravachol[®]
lovastatin Zocor[®]
Mevacor[®]

Triglyceride Lowering Agents

NON-PREFERRED AGENTS

Antara[®] Lovaza[®] (formerly Omacor[®])
Lipofen[®] (capsule) Triglide[®]
Lopid[®]

IV. CENTRAL NERVOUS SYSTEM

Carbamazepine Derivatives

PREFERRED AGENTS

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

Carbamazepine Derivatives

NON-PREFERRED AGENTS

none

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Central Nervous System (CNS) Stimulants

PREFERRED AGENTS

Adderall XR [®]	Metadate ER [®]
amphetamine salt combo	Methylin [®] (chewable)
Concerta [®]	Methylin [®] (tablet)
dextroamphetamine	Methylin ER [®]
dextroamphetamine SR caps	Methylin [®] solution
Focalin [®]	methylphenidate
Focalin XR [®]	methylphenidate ER
Metadate CD [®]	Ritalin LA [®]

Sedative Hypnotics / Sleep Agents

PREFERRED AGENTS

Ambien CR [®]	temazepam
chloral hydrate	triazolam
estazolam	zolpidem
flurazepam	

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Imitrex [®] (tablet, nasal, injection)
Maxalt [®] (tablet, MLT)
Relpax [®]

V. ENDOCRINE AND METABOLIC AGENTS

Bisphosphonates

PREFERRED AGENTS

Fosamax [®] (tablet, solution)
Fosamax [®] Plus D

Calcitonins - Intranasal

PREFERRED AGENTS

Miacalcin [®]

Growth Hormones

PREFERRED AGENTS

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

Thiazolidinediones (TZDs)

PREFERRED AGENTS

Actoplus Met [®]	Avandaryl [®]
Actos [®]	Avandia [®]
Avandamet [®]	Duetact [®]

Central Nervous System (CNS) Stimulants^{CC}

NON-PREFERRED AGENTS

Adderall [®]	Dextrostat [®]
Cylert [®]	pemoline
Daytrana [®]	Provigil ^{®CC}
Desoxyn [®]	Ritalin [®]
Dexedrine [®]	Ritalin SR [®]
Dexedrine Spansule [®]	Vyvanse [®]

Sedative Hypnotics / Sleep Agents

NON-PREFERRED AGENTS

Ambien [®]	Prosom [®]
Dalmane [®]	Restoril [®]
Doral [®]	Rozerem [®]
Halcion [®]	Somnote [®]
Lunesta [®]	Sonata [®]

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS

Amerge [®]	Frova [®]
Axert [®]	Zomig [®] (tablet, nasal, ZMT)

Bisphosphonates

NON-PREFERRED AGENTS

Actonel [®]	Boniva [®]
Actonel [®] with Calcium	

Calcitonins - Intranasal

NON-PREFERRED AGENTS

Fortical [®]

Growth Hormones^{CC}

NON-PREFERRED AGENTS - PA Required Effective 04/15/2008

Humatrope ^{®CC}
Norditropin ^{®CC}
Omnitrope ^{®CC}
Tev-Tropin ^{®CC}
Zorbtive ^{®CC}

Thiazolidinediones (TZDs)

NON-PREFERRED AGENTS

none

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VI. GASTROINTESTINAL

Anti-Emetics

PREFERRED AGENTS

ondansetron (tablet, ODT, solution)

Zofran® (tablet, ODT, solution)

Proton Pump Inhibitors (PPIs)

PREFERRED AGENTS

Nexium® (capsule)

Prevacid® (capsule)

Prilosec OTC®

Anti-Emetics

NON-PREFERRED AGENTS

Anzemet® *Kytril® (tablet, solution)*

granisetron (tablet)

Proton Pump Inhibitors (PPIs)

NON-PREFERRED AGENTS

Aciphex® *Prevacid NapraPAC®*

Nexium Packet®

Prilosec®

omeprazole

Protonix® (tablet, packet)

pantoprazole (tablet)

Zegerid® (capsule, packet)

Prevacid® (solutab, packet)

VII. HEMATOPOIETICS

Erythropoiesis Stimulating Agents (ESAs)

PREFERRED AGENTS

Aranesp®

Procrit®

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS - PA Required Effective 04/15/2008

Epogen®

VIII. IMMUNOLOGIC AGENTS

Immunomodulators - Injectable

PREFERRED AGENTS

Enbrel®

Humira®

Immunomodulators - Topical

PREFERRED AGENTS

Elidel®

Protopic®

Immunomodulators - Injectable

NON-PREFERRED AGENTS

Kineret®

Immunomodulators - Topical

NON-PREFERRED AGENTS

none

IX. MISCELLANEOUS

Progestins (for Cachexia)

PREFERRED AGENTS

megestrol acetate (suspension)

Progestins (for Cachexia)

NON-PREFERRED AGENTS - PA Required Effective 04/15/2008

Megace® (suspension)

Megace ES® (suspension)

X. OPHTHALMICS

Alpha-2 Adrenergic Agonists (for Glaucoma) - Ophthalmic

PREFERRED AGENTS

Alphagan P®

brimonidine

Alpha-2 Adrenergic Agonists (for Glaucoma) - Ophthalmic

NON-PREFERRED AGENTS - PA Required Effective 04/15/2008

Iopidine®

Antihistamines - Ophthalmic

PREFERRED AGENTS

Pataday®

Patanol®

Antihistamines - Ophthalmic

NON-PREFERRED AGENTS

Elestat®

ketotifen RX

Emadine®

Optivar®

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Fluoroquinolones - Ophthalmic

PREFERRED AGENTS

ciprofloxacin Vigamox®
ofloxacin

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

PREFERRED AGENTS

Acular® Acular PF®
Acular LS® flurbiprofen

Prostaglandin Agonists - Ophthalmic

PREFERRED AGENTS

Travatan® Xalatan®
Travatan Z®

XI. OTICS

Fluoroquinolones - Otic

PREFERRED AGENTS

Ciprodex® ofloxacin

XII. RENAL AND GENITOURINARY

Phosphate Binders / Regulators

PREFERRED AGENTS

Fosrenol® Renagel®
Phoslo®

Selective Alpha Adrenergic Blockers

PREFERRED AGENTS

Flomax® Uroxatral®

Urinary Tract Antispasmodics

PREFERRED AGENTS

Detrol LA® oxybutynin (tablet, syrup)
Enablex® Vesicare®

XIII. RESPIRATORY

Anticholinergics - Inhaled

PREFERRED AGENTS

Atrovent HFA® ipratropium
Combivent® Spiriva®

Fluoroquinolones - Ophthalmic

NON-PREFERRED AGENTS

*Ciloxan® (solution, ointment) Quixin®
IQUIX® Zymar®
Ocuflox®*

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

NON-PREFERRED AGENTS - PA Required Effective 04/15/2008

*diclofenac Voltaren®
Nevanac® Xibrom®
Ocufen®*

Prostaglandin Agonists - Ophthalmic

NON-PREFERRED AGENTS

Lumigan®

Fluoroquinolones - Otic

NON-PREFERRED AGENTS

Cipro HC® Floxin®

Phosphate Binders / Regulators

NON-PREFERRED AGENTS

Renvela®

Selective Alpha Adrenergic Blockers

NON-PREFERRED AGENTS

none

Urinary Tract Antispasmodics

NON-PREFERRED AGENTS

*Detrol® Oxytrol®
Ditropan® (tablet, syrup) Sanctura®
Ditropan XL® Sanctura XR®
oxybutynin ER*

Anticholinergics - Inhaled

NON-PREFERRED AGENTS

*Duoneb®
ipratropium/albuterol solution*

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Antihistamines - Second Generation

PREFERRED AGENTS

OTC loratadine (tablet, redidose, syrup)
OTC loratadine-D

Beta₂ Adrenergic Agents - Inhaled Long Acting

PREFERRED AGENTS

Foradil[®]
Serevent Diskus[®]

Beta₂ Adrenergic Agents - Inhaled Short Acting

PREFERRED AGENTS

albuterol	Ventolin HFA [®]
Maxair Autohaler [®]	Xopenex [®] (solution)
Proventil HFA [®]	

Corticosteroids - Inhaled

PREFERRED AGENTS

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

Corticosteroids - Intranasal

PREFERRED AGENTS

Nasacort AQ[®]
Nasonex[®]

Leukotriene Modifiers

PREFERRED AGENTS

Accolate[®] Singulair[®]

Antihistamines - Second Generation^{CC}

NON-PREFERRED AGENTS

Allegra[®] (tablet, capsule, suspension^{CC})
Allegra-D[®]
Clarinet[®] (tablet, Reditab, syrup^{CC})
Clarinet-D[®] *Xyzal[®]*
fexofenadine *Zyrtec[®] (chewable, tablet, syrup^{CC})*
Semprex-D[®] *Zyrtec-D[®]*

Beta₂ Adrenergic Agents - Inhaled Long Acting

NON-PREFERRED AGENTS

Brovana[®]
Perforomist[®]

Beta₂ Adrenergic Agents - Inhaled Short Acting

NON-PREFERRED AGENTS

<i>Accuneb[®]</i>	<i>ProAir HFA[®]</i>
<i>Alupent[®]</i>	<i>Proventil[®]</i>
<i>metaproterenol</i>	<i>Xopenex HFA[®]</i>

Corticosteroids - Inhaled^{CC}

NON-PREFERRED AGENTS

Aerobid[®] *Symbicort[®]*
Aerobid-M[®]
Pulmicort[®] (Flexhaler, Turbuhaler)^{CC}

Corticosteroids - Intranasal

NON-PREFERRED AGENTS

Beconase AQ[®] *Nasarel[®]*
Flonase[®] *Rhinocort Aqua[®]*
flunisolide *Veramyst[®]*
fluticasone

Leukotriene Modifiers

NON-PREFERRED AGENTS

none