

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

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

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

PREFERRED AGENTS

Duragesic [®]	Opana ER [®]
Kadian [®]	Oramorph SR [®]
morphine sulfate SR	oxymorphone ER

Cyclooxygenase II (COX II) Inhibitors

NON-PREFERRED AGENTS

None

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

NON-PREFERRED AGENTS

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

Opioids – Long-Acting

NON-PREFERRED AGENTS

<i>Avinza[®]</i>	<i>oxycodone HCL CR^{DUR}</i>
<i>Butrans[™]</i>	<i>Oxycontin[®]^{DUR}</i>
<i>Exalgo[™]</i>	<i>Ryzolt[®]^{DUR 2}</i>
<i>fentanyl patch</i>	<i>tramadol ER^{DUR 2}</i>
<i>MS Contin[®]</i>	<i>Ultram[®] ER^{DUR 2}</i>

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^{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)

^{DUR} Please see Drug Utilization Review (DUR) recommendations for drug class or specific drugs noted. (See: http://health.ny.gov/health_care/medicaid/program/dur/index.htm)

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Opioids – Short-Acting

PREFERRED AGENTS

codeine	oxycodone/APAP
codeine/APAP	oxycodone/ibuprofen
hydrocodone/APAP	tramadol
morphine IR	

Opioids – Short-Acting

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

<i>butalbital compound/ codeine</i>	<i>Panlor[®] SS</i>
<i>butorphanol nasal spray</i>	<i>pentazocine/APAP</i>
<i>Dazidox[®]</i>	<i>pentazocine/naloxone</i>
<i>Demerol[®]</i>	<i>Percocet[®]</i>
<i>dihydrocodeine/APAP/ caffeine</i>	<i>Percodan[®]</i>
<i>Dilaudid[®]</i>	<i>Primalev[®]</i>
<i>Endocet[®]</i>	<i>Primlev[®]</i>
<i>Endodan[®]</i>	<i>Reprexain[™]</i>
<i>Hycet[®]</i>	<i>Roxicet[®] (caplets, solution)</i>
<i>hydrocodone/ibuprofen</i>	<i>Roxicodone[®]</i>
<i>hydromorphone</i>	<i>Rybix[™] ODT</i>
<i>Ibudone[™]</i>	<i>Synalgos[®] DC</i>
<i>levorphanol</i>	<i>tramadol/APAP</i>
<i>Lorcet[®]</i>	<i>Trezix[®]</i>
<i>Lorcet[®] Plus</i>	<i>Tylenol[®] /codeine #3</i>
<i>Lortab[®]</i>	<i>Tylenol[®] /codeine #4</i>
<i>Magnacet[®]</i>	<i>Tylox[®]</i>
<i>Margesic H[®]</i>	<i>Ultracet[®]</i>
<i>Maxidone[®]</i>	<i>Ultram[®]</i>
<i>meperidine</i>	<i>Vicodin[®]</i>
<i>Norco[®]</i>	<i>Vicodin ES[®]</i>
<i>Nucynta[®]</i>	<i>Vicodin HP[®]</i>
<i>Opana[®]</i>	<i>Vicoprofen[®]</i>
<i>oxycodone</i>	<i>Xodol[®]</i>
<i>oxycodone/ASA</i>	<i>Xolox[®]</i>
<i>OxyIR</i>	<i>Zamicet[™]</i>
<i>oxymorphone</i>	<i>Zydone[®]</i>

II. ANTI-INFECTIVES

Anti-Fungals – Oral for Onychomycosis

PREFERRED AGENTS

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

Anti-Virals - Oral

PREFERRED AGENTS

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

Anti-Fungals – Oral for Onychomycosis

NON-PREFERRED AGENTS

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

Anti-Virals - Oral

NON-PREFERRED AGENTS

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

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Cephalosporins – Third Generation

PREFERRED AGENTS

cefdinir	Suprax [®]
cefepodoxime proxetil	

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^{DUR}

PREFERRED AGENTS

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

Hepatitis C Agents - Oral

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

Cephalosporins – Third Generation

NON-PREFERRED AGENTS

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

Fluoroquinolones – Oral

NON-PREFERRED AGENTS

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

Hepatitis B Agents

NON-PREFERRED AGENTS

None

Hepatitis C Agents - Injectable^{DUR}

NON-PREFERRED AGENTS

None

Hepatitis C Agents - Oral

NON-PREFERRED AGENTS

None

Tetracyclines

NON-PREFERRED AGENTS

<i>Adoxa[®]</i>	<i>Oracea[®]</i>
<i>Doryx[®]^{DUR}</i>	<i>Periostat[®]</i>
<i>doxycycline hyclate 20 mg</i>	<i>Solodyn[®]</i>
<i>doxycycline hyclate DR^{DUR}</i>	<i>Vibramycin[®]</i>
<i>Dynacin[®]</i>	<i>Vibra-Tabs[®]</i>
<i>minocycline ER</i>	

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III. CARDIOVASCULAR

Angiotensin Converting Enzyme Inhibitors (ACEIs)

PREFERRED AGENTS

benazepril	moexipril
captopril	ramipril (capsule)
enalapril maleate	trandolapril
lisinopril	

ACEIs + Calcium Channel Blockers

PREFERRED AGENTS

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

ACEIs + Diuretics

PREFERRED AGENTS

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

Angiotensin 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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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>Capoten[®]</i>	<i>Univasc[®]</i>
<i>fosinopril sodium</i>	<i>Vasotec[®]</i>
<i>Lotensin[®]</i>	<i>Zestril[®]</i>
<i>Mavik[®]</i>	

ACEIs + Calcium Channel Blockers

NON-PREFERRED AGENTS

None

ACEIs + Diuretics

NON-PREFERRED AGENTS

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

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

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

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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

Bile Acid Sequestrants

PREFERRED AGENTS

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

Calcium Channel Blockers (Dihydropyridine)

PREFERRED AGENTS

Afeditab 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 [®]	

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>Levadol[®]</i>	

Beta Blockers + Diuretics

NON-PREFERRED AGENTS

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

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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Anticonvulsants – Second Generation

PREFERRED AGENTS

Banzel®	levetiracetam
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®
Geodon®	Seroquel XR®

Benzodiazepines - Rectal

PREFERRED AGENTS

Diastat® 2.5mg	Diastat® AcuDial™
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Carbamazepine Derivatives

PREFERRED AGENTS

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

Anticonvulsants – Second Generation

NON-PREFERRED AGENTS

None

Atypical Antipsychotics

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

<i>Abilify®²</i>	<i>Latuda®</i>
<i>Clozaril®²</i>	<i>Risperdal®²</i>
<i>Invega®²</i>	<i>Zyprexa®²</i>

Benzodiazepines - Rectal

NON-PREFERRED AGENTS

diazepam rectal gel

Carbamazepine Derivatives

NON-PREFERRED AGENTS

carbamazepine ER (capsule)

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Central Nervous System (CNS)

Stimulants^{DUR}

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
	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 [™]	

Sedative Hypnotics/Sleep Agents

PREFERRED AGENTS

chloral hydrate	temazepam 15 mg,
estazolam	30 mg
flurazepam	zolpidem ^{DUR}

Central Nervous System (CNS)

Stimulants^{DUR}

NON-PREFERRED AGENTS

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

Multiple Sclerosis Agents

NON-PREFERRED AGENTS

Extavia [®]	Gilenya [™]
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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

Sedative Hypnotics/Sleep Agents

NON-PREFERRED AGENTS

Ambien ^{®DUR}	Somnote [®]
Ambien CR ^{®DUR}	Sonata ^{®DUR}
Doral [®]	temazepam 7.5 mg, 22.5 mg
Edluar ^{™DUR}	triazolam
Halcion [®]	zaleplon ^{DUR}
Lunesta ^{®DUR}	zolpidem ER ^{DUR}
Restoril [®]	Zolpimist ^{™DUR}
Rozerem ^{®DUR}	
Silenor [®]	

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Selective Serotonin Reuptake Inhibitors (SSRIs)

PREFERRED AGENTS

citalopram	paroxetine
fluoxetine	sertraline
fluvoxamine	

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

PREFERRED AGENTS

Cymbalta®	Savella®
Effexor XR®	venlafaxine

Serotonin Receptor Agonists (Triptans)^{DUR}

PREFERRED AGENTS

Maxalt-MLT®	sumatriptan
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Selective Serotonin Reuptake Inhibitors (SSRIs)

NON-PREFERRED AGENTS

<i>Celexa</i> ²	<i>Pexeva</i> ²
<i>fluoxetine weekly</i> ²	<i>Prozac</i> ²
<i>Lexapro</i> ²	<i>Sarafem</i> ²
<i>Luvox CR</i> ²	<i>Selfemra</i> ²
<i>paroxetine CR</i> ²	<i>Viibryd</i> ²
<i>Paxil</i> ²	<i>Zoloft</i> ²
<i>Paxil CR</i> ²	

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

NON-PREFERRED AGENTS

*Pristiq*²
*venlafaxine ER (capsule, tablet)*²

Serotonin Receptor Agonists (Triptans)^{DUR}

NON-PREFERRED AGENTS

<i>Amerge</i> ²	<i>naratriptan</i>
<i>Axert</i> ²	<i>Relpax</i> ²
<i>Frova</i> ²	<i>Sumavel DosePro</i> ²
<i>Imitrex</i> ²	<i>Treximet</i> ²
<i>Maxalt</i> ²	<i>Zomig</i> ²

V. DERMATOLOGIC AGENTS

Agents for Actinic Keratosis

PREFERRED AGENTS

Carac®	fluorouracil
Efudex®	Solaraze ^{DUR}
Fluoroplex®	

Antibiotics – Topical

PREFERRED AGENTS

Altanax®	mupirocin ointment
Bactroban® cream	

Agents for Actinic Keratosis

NON-PREFERRED AGENTS

None

Antibiotics – Topical

NON-PREFERRED AGENTS

<i>Bactroban</i> ² ointment	<i>Centany</i> ² ointment
<i>Bactroban Nasal</i> ² ointment ^{CC}	

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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

Anti-Fungals - Topical

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^{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

Anti-Fungals – Topical^{DUR}

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

<i>clotrimazole Rx</i>	<i>Lamisi® AT</i>
<i>clotrimazole/ betamethasone</i>	<i>Loprox®</i>
<i>ciclopirox (cream, gel, suspension)</i>	<i>Lotrisone</i>
<i>econazole</i>	<i>Mentax®</i>
<i>Ertaczo®</i>	<i>Naftin®</i>
<i>Exelderm®</i>	<i>Oxistat®</i>
<i>Extina®</i>	<i>Tinactin®</i>
<i>ketoconazole</i>	<i>Vusion®</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^{DUR}

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

<i>alclometasone</i>	<i>Desonate®</i>
<i>Aclovate®</i>	<i>Nucort®</i>
<i>Derma-Smoother/FS®</i>	<i>Texacort®</i>
<i>desonide</i>	<i>Verdeso™</i>

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Steroids, Topical – Medium Potency

PREFERRED AGENTS

fluocinolone hydrocortisone valerate

Steroids, Topical – Medium Potency^{DUR}

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

Cloderm[®] hydrocortisone butyrate
Cordran[®] Luxiq[®]
Cutivate[®] mometasone furoate
Dermatop[®] Pandel[®]
Elocon[®] prednicarbate
fluticasone propionate

Steroids, Topical – High Potency

PREFERRED AGENTS

amcinonide fluocinonide emollient
 fluocinonide triamcinolone acetonide
 fluocinonide-E

Steroids, Topical – High Potency^{DUR}

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

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

Steroids, Topical – Very High Potency

PREFERRED AGENTS

halobetasol clobetasol

Steroids, Topical – Very High Potency^{DUR}

NON-PREFERRED AGENTS (PA EFFECTIVE 8/25/2011)

Clobex[®] Temovate[®]
Cormax[®] Temovate-E[®]
Olux[®] Ultravate[®]
Olux-E[®]

VI. ENDOCRINE AND METABOLIC AGENTS

Amylin Analogs

PREFERRED AGENTS

Symlin[®]

Amylin Analogs

NON-PREFERRED AGENTS

None

Anabolic Steroids – Topical^{DUR}

PREFERRED AGENTS

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

Anabolic Steroids – Topical^{DUR}

NON-PREFERRED AGENTS

None

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Biguanides

PREFERRED AGENTS

metformin HCl metformin HCl ER

Bisphosphonates – Oral ^{DUR}

PREFERRED AGENTS

alendronate Fosamax[®] (solution)

Calcitonins – Intranasal

PREFERRED AGENTS

calcitonin-salmon Miacalcin[®]

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PREFERRED AGENTS

Janumet[®] Kombiglyze XR[™] ¹
Januvia[®] Onglyza[®] ¹

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

Insulin – Mixes

PREFERRED AGENTS

Humalog[®] Mix Novolog[®] Mix

Insulin – Rapid-Acting

PREFERRED AGENTS

Apidra[®] Novolog[®]
Humalog[®]

Biguanides

NON-PREFERRED AGENTS

Fortamet[®] *Glumetza[®]*
Glucoophage[®] *Riomet[®] solution*
Glucoophage XR[®]

Bisphosphonates – Oral ^{DUR}

NON-PREFERRED AGENTS

Actonel[®] *Boniva[®]*
Actonel[®] with Calcium *Fosamax[®] (tablet)*
Atelvia[®] *Fosamax[®] Plus D*

Calcitonins – Intranasal

NON-PREFERRED AGENTS

Fortical[®]

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

NON-PREFERRED AGENTS

Tradjenta[™]

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

NON-PREFERRED AGENTS

Victoza[®] ²

Growth Hormones ^{CDRP}

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

Humatrope[®] ^{CC} *Saizen[®] ^{CC} ²*
Norditropin[®] ^{CC} *Tev-Tropin[®] ^{CC}*
Omnitrope[®] ^{CC} *Zorbtive[®] ^{CC}*

Insulin – Long-Acting

NON-PREFERRED AGENTS

None

Insulin – Mixes

NON-PREFERRED AGENTS

None

Insulin – Rapid-Acting

NON-PREFERRED AGENTS

None

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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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X. MISCELLANEOUS

Progestins (for Cachexia)

PREFERRED AGENTS

megestrol acetate (suspension)

XI. MUSCULOSKELETAL AGENTS

Skeletal Muscle Relaxants

PREFERRED AGENTS

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

XII. OPHTHALMICS

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

PREFERRED AGENTS

Alphagan P®	brimonidine
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Anticoagulants – Oral

NON-PREFERRED AGENTS

Xarelto®

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS

Epogen®

Platelet Inhibitors

NON-PREFERRED AGENTS

<i>Persantine®</i>	<i>ticlopidine</i>
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Immunomodulators – Injectable

NON-PREFERRED AGENTS

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

Progestins (for Cachexia)

NON-PREFERRED AGENTS

<i>Megace® (suspension)</i>	<i>Megace ES®</i>
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Skeletal Muscle Relaxants

NON-PREFERRED AGENTS

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

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

NON-PREFERRED AGENTS

<i>apraclonidine</i>	<i>lopidine®</i>
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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^{DUR}

PREFERRED AGENTS

ciprofloxacin Vigamox[®]
ofloxacin

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

Antihistamines – Ophthalmic

NON-PREFERRED AGENTS

azelastine epinastine
Bepreve[®] Lastacraft[™]
Elestat[®] Optivar[®]
Emadine[®]

Beta Blockers – Ophthalmics

NON-PREFERRED AGENTS

Betagan[®] Timoptic[®] in Oculdose[®]
Optipranolol[®] Timoptic-XE[®]
Timoptic[®]

Fluoroquinolones – Ophthalmic^{DUR}

NON-PREFERRED AGENTS

Besivance[™] Ocuflax[®]
Ciloxan[®] Quixin[®]
IQUIX[®] Zymar[®]
levofloxacin Zymaxid[™]
Moxeza[™]

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

NON-PREFERRED AGENTS

Acular[®] Nevanac[®]
Acular LS[®] Ocufer[®]
Acuvail[®] Voltaren[®]
Bromday[™] Xibrom[®]
bromfenac

Prostaglandin Agonists – Ophthalmic

NON-PREFERRED AGENTS

Lumigan[®] Xalatan[®]

Fluoroquinolones – Otic

NON-PREFERRED AGENTS

Cetraxal[®] Floxin[®]
Cipro HC[®]

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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

XV. RESPIRATORY

Anticholinergics – Inhaled

PREFERRED AGENTS

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

Antihistamines – Intranasal

PREFERRED AGENTS

Astelin [®]	Patanase [®]
Astepro [™]	

Alpha Reductase Inhibitors for BPH

NON-PREFERRED AGENTS

None

Phosphate Binders/Regulators

NON-PREFERRED AGENTS

<i>Eliphos[™]</i>	<i>Renvela[®] (oral powder)</i>
<i>Phoslyra[™]</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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Anticholinergics – Inhaled

NON-PREFERRED AGENTS

Duoneb[®]

Antihistamines – Intranasal

NON-PREFERRED AGENTS

azelastine

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