

Preferred Drug Program (PDP)/Preferred Drug List (PDL) Frequently Asked Questions

1. What is the Preferred Drug Program (PDP)?

The PDP promotes the use of less expensive, equally effective drugs within specific drug classes when medically appropriate. Drugs subject to the PDP are listed on the NYRx Preferred Drug List (PDL). All drugs currently covered by NYRx, the Medicaid Pharmacy Program, remain available under the PDP.

2. What is the Preferred Drug List (PDL)?

The Preferred Drug List is a select list of drugs organized by therapeutic category and drug class. Within each drug class are preferred and non-preferred drugs. Preferred drugs generally do not require prior authorization when prescribed according to FDA labeling. Non-preferred drugs require prior authorization unless otherwise indicated however non-preferred status does not prohibit a prescriber from obtaining any of the medications covered by NYRx.

3. Does the PDL contain all drugs covered by NYRx?

No, only drugs subject to NYRx program criteria (PDP, DUR, DO) appear on the PDL. For a complete list of drugs covered by NYRx, visit the [NYRx Medicaid Pharmacy List of Reimbursable Drugs](#).

4. Do non-preferred drugs require a PA?

Yes, unless noted otherwise, non-preferred drugs require prior authorization. In most cases, preferred agents do not require prior authorization.

5. Who determines what drugs are included in the PDL?

The New York State Drug Utilization Review Board determines preferred and non-preferred products and DUR criteria listed in the PDL.

6. How are clinical criteria indicated on the PDL?

CC = Clinical Criteria

F/Q/D = Frequency/Quantity/Duration

DO = Dose Optimization

ST = Step Therapy

BLTG = Brand-Less-than-Generic

Some specific drugs and drug classes, regardless of preferred/non-preferred status, are subject to specific clinical criteria, dose optimization, frequency/quantity/duration, step therapy, or the Brand Less Than Generic program. The criteria requirements are listed in the "Prior Authorization/Coverage Parameters" column in the PDL. The requirements are indicated using abbreviated, red superscript.

7. Does a member have to try all the preferred products listed in a drug class prior to approval for a non-preferred product?

No, the member is not required to try all preferred products first. To receive approval for a non-preferred product, the member must meet one of the following criteria:

- Tried and failed at least one preferred product.
- Have experienced treatment failure or an adverse reaction to a preferred product.
- Has been stable on a non-preferred product/continuation of therapy on a non-preferred product.

8. Are any drugs excluded from NYRx coverage?

Drugs excluded from coverage by NYRx include:

- No-Rebate: Federal law requires drug manufacturers to participate in the Medicaid National Drug Rebate Agreement (NDRA) for Medicaid coverage of their drugs.
- DESI (Drug Efficacy Study Implementation): FDA's administrative process to consider the effectiveness of drugs that had been approved only for safety between 1938 and 1962, is called the drug efficacy study implementation (DESI). Congress amended the Federal Food, Drug, and Cosmetic Act in 1962 to require that new drugs be shown effective, as well as safe, to obtain FDA approval. Therefore, Medicaid does not cover drugs with a DESI designation.
- Cosmetic use: The following are examples of drugs/drug uses that are not reimbursable by Medicaid in accordance with Policy and/or State or Federal Legislation:
 - Drugs used for the treatment of anorexia, weight loss, or weight gain pursuant to SSA §1927(d)(2)
 - Drugs for the treatment of sexual dysfunction pursuant to SSA §1927(d)(2), and Social Services Law §365-a(4)(f)
 - Drugs indicated for cosmetic use or hair growth pursuant to SSA §1927(d)(2)
- Drugs for Fertility except for bromocriptine, clomiphene, letrozole, and tamoxifen which will be covered for female infertility diagnosis if clinical criteria are met.