

NYRx Preferred Drug Program Overview

What Providers Need to Know

The Preferred Drug Program (PDP) promotes the use of less expensive, equally effective drugs within specific drug classes when medically appropriate. The [Drug Utilization Review Board \(DURB\)](#) reviews drug classes and makes recommendations to the Commissioner of Health regarding the selection of preferred and non-preferred drugs and any additional criteria requirements within certain drug classes. Drugs subject to the PDP are listed on the [NYRx Preferred Drug List \(PDL\)](#). The PDL is organized by therapeutic category and drug class. Within each drug class are preferred and non-preferred drugs. Non-preferred drugs in these classes require prior authorization (PA) unless indicated otherwise. Some drugs and drug classes, regardless of preferred or non-preferred status, are subject to additional NYRx programs such as [Drug Utilization Review \(DUR\)](#), [Dose Optimization \(DO\)](#), or [Brand Less Than Generic \(BLTG\)](#). The DUR program includes clinical criteria requirements such as age or diagnosis, frequency/quantity/duration, or step therapy.

Program Criteria Requirements

Abbreviated red subscripts are indicated in the PDL to specify the criteria requirements for a specific drug or drug class. Criteria requirement details are listed in the third column of the PDL titled "Prior Authorization/Coverage Parameters."

If the criteria apply to all the drugs in the drug class, the criteria type will appear as a red superscript next to the drug class name.

If the criteria apply only to specific drugs within a drug class, the red superscript will appear next to the drug name.

CC = Clinical Criteria
F/Q/D = Frequency/Quantity/Duration
DO = Dose Optimization
ST = Step Therapy
BLTG = Brand Less than Generic

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
VII. Gastrointestinal		
Anti-Emetics		
aprepitant pack Diclegis [®] ^{CC} doxylamine succ/pyridoxine (gen Diclegis [®]) ^{CC} ondansetron ODT, solution, tablet	Akynzeo [®] Anzemet [®] aprepitant capsule Bonjesta [®] ^{CC} Emend [®] capsule, powder packet, TriPack granisetron tablet Sancuso [®]	CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> doxylamine succ/pyridoxine (Diclegis[®], Bonjesta[®]): Confirm diagnosis of FDA-approved or compendia-supported indication

How to Access the Preferred Drug List

There are three ways to access the PDL:

- NYRx Home Page > [Preferred Drug List](#)
- NYRx Home Page > Resources > [Preferred Drug List \(PDL\)](#)
- NYRx Home Page > Programs > Preferred Drug Program > [Preferred Drug List \(PDL\)](#)

Note: Not all drugs covered by NYRx, the Medicaid Pharmacy Program, are listed on the PDL. For a complete list of drugs covered by NYRx, visit the [Medicaid Pharmacy List of Reimbursable Drugs](#).

Resources

- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Program/Preferred Drug List Video](#)
- [NYRx Education & Outreach Website](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.