

# 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  |
|---|---|--|
| <b>VII. Gastrointestinal</b>  |   |  |
| <b>Anti-Emetics</b>   |   |  |
| aprepitant pack<br>Diclegis <sup>®</sup> <sup>CC</sup><br>doxylamine succ/pyridoxine <sup>CC</sup><br>ondansetron ODT, solution, tablet | Akynzeo <sup>®</sup><br>Anzemet <sup>®</sup><br>aprepitant capsule<br>Bonjesta <sup>®</sup> <sup>CC</sup><br>Emend <sup>®</sup> capsule, powder packet, TriPack<br>granisetron tablet<br>Sancuso <sup>®</sup> | <b>CLINICAL CRITERIA (CC)</b> <ul style="list-style-type: none"> <li>doxylamine succ/pyridoxine (Diclegis<sup>®</sup>, Bonjesta<sup>®</sup>): Confirm diagnosis of FDA-approved or compendia-supported indication</li> </ul> |

Information in the chart above is subject to change. Refer to the [PDL](#) for the most up-to-date information.

## 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](mailto: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.