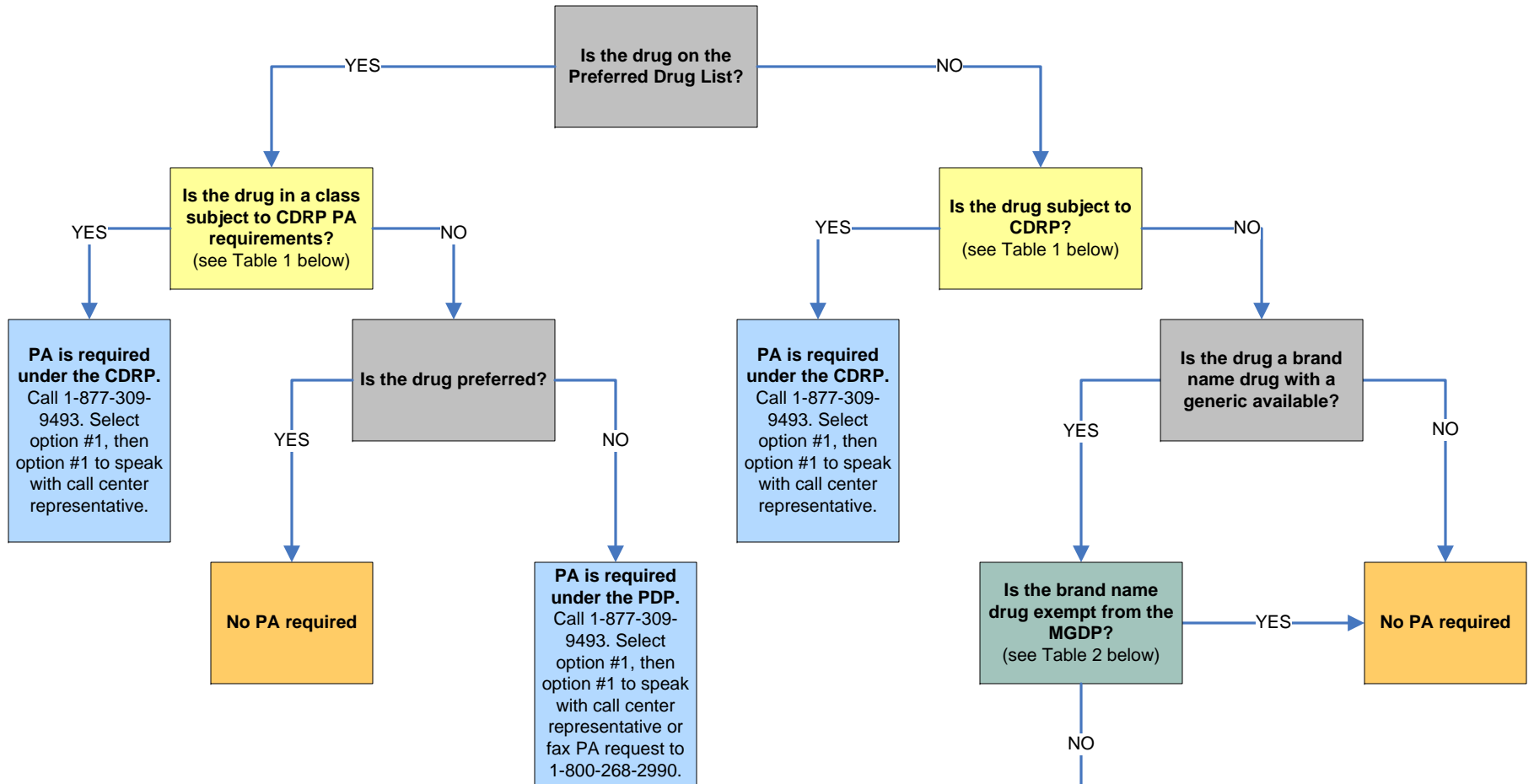


# NYS Medicaid Pharmacy Prior Authorization Process



**TABLE 1**  
Drugs Subject to CDRP:

- Actiq®/fentanyl citrate
- Adcirca® ☎
- Fentora®
- Lidoderm®
- Onsolis®
- Revatio® ☎
- Serostim® ☎
- Synagis® ☎
- Xyrem® ☎
- Zyvox® ☎

**PDP Classes Subject to CDRP:**

- Topical Immunomodulators
- Growth Hormones for enrollees 21 years of age and older ☎

☎ Only prescribers, not their authorized agents, can initiate the PA

**TABLE 2**  
Brand Name Drugs Exempt from MGD and do NOT require PA:

- Clozaril®
- Coumadin®
- Dilantin®
- Gengraf®
- Lanoxin®
- Levothyroxine sodium (Levoxyl®, Synthroid®, Unithroid®)
- Neoral®
- Sandimmune®
- Tegretol®
- Zarontin®