

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization (PA)
Preferred drugs that require prior authorization are indicated by footnote

NYS PREFERRED DRUG PROGRAM HTTP://NEWYORK.FHSC.COM

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493

I. ANALGESICS

Cyclooxygenase II (COX II) Inhibitors

PREFERRED AGENTS

Celebrex[®]

Narcotics – Long Acting

PREFERRED AGENTS

Duragesic [®]	morphine sulfate SR
fentanyl patch	Opana ER [®]
Kadian [®]	Oramorph SR [®]

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	

Cyclooxygenase II (COX II) Inhibitors

NON-PREFERRED AGENTS

None

Narcotics – Long Acting

NON-PREFERRED AGENTS

<i>Avinza[®]</i>	<i>oxycodone HCL CR</i>
<i>MS Contin[®]</i>	<i>Oxycontin[®]</i>

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

NON-PREFERRED AGENTS

<i>Anaprox[®]</i>	<i>Mobic[®]</i>
<i>Anaprox[®] DS</i>	<i>Nalfon[®]</i>
<i>Arthrotec[®]</i>	<i>Naprelan[®]</i>
<i>Cataflam[®]</i>	<i>Naprosyn[®]</i>
<i>Clinoril[®]</i>	<i>Naprosyn[®] EC</i>
<i>Daypro[®]</i>	<i>Ponstel[®]</i>
<i>Feldene[®]</i>	<i>Voltaren[®]</i>
<i>Flector[®] patch</i>	<i>Voltaren[®] Gel</i>
<i>Indocin[®]</i>	<i>Voltaren[®] XR</i>

II. ANTI-INFECTIVES

Anti-Fungals

PREFERRED AGENTS

ciclopirox (lacquer)	griseofulvin (suspension)
Grifulvin V [®] (tablet)	terbinafine (tablet)
Gris-PEG [®]	

Anti-Virals - Oral

PREFERRED AGENTS

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

Cephalosporins – Third Generation

PREFERRED AGENTS

cefdinir	Suprax [®]
cefepodoxime proxetil	

Anti-Fungals

NON-PREFERRED AGENTS

<i>Grifulvin V[®] (suspension)</i>	<i>Penlac[®]</i>
<i>itraconazole</i>	<i>Sporanox[®]</i>
<i>Lamisil[®] (tablet)</i>	

Anti-Virals - Oral

NON-PREFERRED AGENTS

Famvir[®]
Zovirax[®] (capsule, suspension, tablet)

Cephalosporins – Third Generation

NON-PREFERRED AGENTS

<i>Cedax[®]2</i>	<i>Spectracef[®]</i>
<i>Omnicef[®]</i>	<i>Vantin[®]</i>

² Non-Preferred as of 10/21/2009

CC Subject to Clinical Criteria (See: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

CDRP All drugs in class are subject to Clinical Drug Review Program PA requirements (See: https://newyork.fhsc.com/providers/CDRP_about.asp)

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Fluoroquinolones – Oral

PREFERRED AGENTS

Avelox [®]	ciprofloxacin (tablet)
Avelox ABC Pack [®]	ofloxacin (tablet)
Cipro [®] (suspension)	

Pegylated Interferons

PREFERRED AGENTS

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

Fluoroquinolones – Oral

NON-PREFERRED AGENTS

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

Pegylated Interferons

NON-PREFERRED AGENTS

None

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 [®]	

ACEIs + Diuretics

PREFERRED AGENTS

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

Angiotensin Receptor Blockers (ARBs)

PREFERRED AGENTS

Avapro [®]	Diovan [®]
Benicar [®]	Exforge [®]
Cozaar [®]	Micardis [®]

Angiotensin Converting Enzyme Inhibitors (ACEIs)

NON-PREFERRED AGENTS

<i>Accupril[®]</i>	<i>Mavik[®]</i>
<i>Aceon[®]</i>	<i>Monopril[®]</i>
<i>Altace[®] (capsule)</i>	<i>Prinivil[®]</i>
<i>Altace[®] (tablet)</i>	<i>quinapril</i>
<i>Capoten[®]</i>	<i>Univasc[®]</i>
<i>fosinopril sodium</i>	<i>Vasotec[®]</i>
<i>Lotensin[®]</i>	<i>Zestril[®]</i>

ACEIs + Calcium Channel Blockers

NON-PREFERRED AGENTS

Lexxel[®]

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>Monopril HCT[®]</i>	<i>Zestoretic[®]</i>
<i>Prinzide[®]</i>	

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

<i>Atacand[®]</i>	<i>Teveten[®]</i>
<i>Azor[®]</i>	

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ARBs + Diuretics

PREFERRED AGENTS

Avalide [®]	Hyzaar [®]
Benicar HCT [®]	Micardis HCT [®]
Diovan HCT [®]	

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

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 [®]	Tekturna HCT [®]
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ARBs + Diuretics

NON-PREFERRED AGENTS

<i>Atacand HCT[®]</i>	<i>Teveten HCT[®]</i>
<i>Exforge HCT[®]</i>	

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>Levato[®]</i>	

Beta Blockers + Diuretics

NON-PREFERRED AGENTS

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

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

None

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HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

Crestor [®]	lovastatin
Lescol [®]	pravastatin
Lescol XL [®]	Simcor [®]
Lipitor [®]	simvastatin

Niacin Derivatives

PREFERRED AGENTS

Niaspan

Triglyceride Lowering Agents

PREFERRED AGENTS

gemfibrozil	Tricor [®]
Lovaza [®]	Trilipix [®]

HMG-CoA Reductase Inhibitors (Statins)

NON-PREFERRED AGENTS

<i>Advicor[®]</i>	<i>Pravachol[®]</i>
<i>Altoprev[®]</i>	<i>Vytorin[®]</i>
<i>Caduet[®]</i>	<i>Zocor[®]</i>
<i>Mevacor[®]</i>	

Niacin Derivatives

NON-PREFERRED AGENTS

None

Triglyceride Lowering Agents

NON-PREFERRED AGENTS

<i>Antara[®]</i>	<i>Lofibra[®]</i>
<i>fenofibrate</i>	<i>Lopid[®]</i>
<i>Fenoglide[®]</i>	<i>Triglide[®]</i>
<i>Lipofen[®]</i>	

IV. CENTRAL NERVOUS SYSTEM

Carbamazepine Derivatives

PREFERRED AGENTS

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

Central Nervous System (CNS) Stimulants

PREFERRED AGENTS

Adderall XR [®]	Focalin XR [®]
amphetamine salt combo immediate release	Metadate ER [®]
Concerta [®]	Methylin [®]
dexamethylphenidate	Methylin ER [®]
dextroamphetamine	methylphenidate
dextroamphetamine SR	methylphenidate ER/SA
Focalin [®]	Vyvanse [®]

Multiple Sclerosis Agents

PREFERRED AGENTS

Avonex [®]	Copaxone [®]
Betaseron [®]	Rebif [®]

Carbamazepine Derivatives

NON-PREFERRED AGENTS

None

Central Nervous System (CNS) Stimulants

NON-PREFERRED AGENTS

<i>Adderall[®]</i>	<i>Metadate CD[®]</i>
<i>amphetamine salt combo extended release</i>	<i>Nuvigil[™]</i>
<i>Daytrana[®]</i>	<i>Procentra[®]</i>
<i>Desoxyn[®]</i>	<i>Provigil^{®CC}</i>
<i>Dexedrine Spansule[®]</i>	<i>Ritalin[®]</i>
<i>Dextrostat[®]</i>	<i>Ritalin LA[®]</i>
	<i>Ritalin SR[®]</i>

Multiple Sclerosis Agents

NON-PREFERRED AGENTS

None

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Non-Ergot Dopamine Receptor Agonists

PREFERRED AGENTS

Mirapex[®] ropinirole

Sedative Hypnotics/Sleep Agents

PREFERRED AGENTS

chloral hydrate temazepam
estazolam triazolam
flurazepam zolpidem

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Imitrex[®] sumatriptan
Maxalt[®] Treximet^{®1}
Relpax[®]

V. DERMATOLOGIC AGENTS

Antibiotics – Topical

PREFERRED AGENTS

Altabax[®] mupirocin ointment
Bactroban[®] cream

Anti-Virals – Topical

PREFERRED AGENTS

Abreva[®] Zovirax[®] ointment

Immunomodulators – Topical^{CDRP}

PREFERRED AGENTS (Subject to CDRP as of 10/21/2009)

Elidel[®] Protopic[®]

Psoriasis Agents – Topical

PREFERRED AGENTS

calcipotriene scalp solution Psoriasis[®]
Dovonex[®] cream

VI. ENDOCRINE AND METABOLIC AGENTS

Bisphosphonates – Oral

PREFERRED AGENTS

alendronate Fosamax[®] (solution)

Non-Ergot Dopamine Receptor Agonists

NON-PREFERRED AGENTS

Requip[®] Requip[®] XL[™]

Sedative Hypnotics/Sleep Agents

NON-PREFERRED AGENTS

Ambien[®] Prosom[®]
Ambien CR[®] Restoril[®]
Dalmane[®] Rozerem[®]
Doral[®] Somnote[®]
Edluar[™] Sonata[®]
Halcion[®] zaleplon
Lunesta[®]

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS

Amerge[®] Frova[®]
Axert[®] Zomig[®]

Antibiotics – Topical

NON-PREFERRED AGENTS

Bactroban[®] ointment Centany[™] ointment
Bactroban Nasal[®] ointment

Anti-Virals – Topical

NON-PREFERRED AGENTS

Denavir[®] Zovirax[®] cream

Immunomodulators – Topical

NON-PREFERRED AGENTS

None

Psoriasis Agents – Topical

NON-PREFERRED AGENTS

Dovonex[®] scalp solution Taclonex Scalp[®]
Taclonex[®] Vectical[™]

Bisphosphonates – Oral

NON-PREFERRED AGENTS

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

¹ Preferred as of 10/21/2009

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Calcitonins – Intranasal

PREFERRED AGENTS

calcitonin-salmon	Miacalcin [®]
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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

PREFERRED AGENTS

Janumet [®]	Januvia [®]
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Growth Hormones

PREFERRED AGENTS

Genotropin [®]	Nutropin AQ [®]
Nutropin [®]	Saizen [®]

Thiazolidinediones (TZDs)

PREFERRED AGENTS

Actoplus Met [®]	Avandaryl [®]
Actos [®]	Avandia [®]
Avandamet [®]	Duetact [®]

VII. GASTROINTESTINAL

Anti-Emetics

PREFERRED AGENTS

ondansetron (ODT, solution, tablet)

Proton Pump Inhibitors (PPIs)

PREFERRED AGENTS

Nexium[®] (capsule)
omeprazole OTC
Prevacid[®] (capsule)
Prilosec[®] OTC

VIII. HEMATOLOGICAL AGENTS

Anticoagulants – Injectable

PREFERRED AGENTS

Arixtra [®]	Innohep [®]
Fragmin [®]	Lovenox [®]

Calcitonins – Intranasal

NON-PREFERRED AGENTS

Fortical[®]

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

NON-PREFERRED AGENTS

None

Growth Hormones

NON-PREFERRED AGENTS

<i>Humatrope^{®CC}</i>	<i>Tev-Tropin^{®CC}</i>
<i>Norditropin^{®CC}</i>	<i>Zorbtive^{®CC}</i>
<i>Omnitrope^{®CC}</i>	

Thiazolidinediones (TZDs)

NON-PREFERRED AGENTS

None

Anti-Emetics

NON-PREFERRED AGENTS

<i>Anzemet[®]</i>	<i>Sancuso[®]</i>
<i>granisetron (tablet)</i>	<i>Zofran[®] (ODT, solution, tablet)</i>
<i>Granisol[®]</i>	
<i>Kytril[®] (tablet)</i>	

Proton Pump Inhibitors (PPIs)

NON-PREFERRED AGENTS

<i>Aciphex[®]</i>	<i>Prevacid NapraPAC[®]</i>
<i>Kapidex[™]</i>	<i>Prilosec[®] Rx</i>
<i>Nexium Packet[®]</i>	<i>Protonix[®]</i>
<i>omeprazole Rx</i>	<i>Zegerid[®]</i>
<i>pantoprazole</i>	
<i>Prevacid[®] (packet, solutab)</i>	

Anticoagulants – Injectable

NON-PREFERRED AGENTS

None

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Erythropoiesis Stimulating Agents (ESAs)

PREFERRED AGENTS

Aranesp[®] Procrit[®]

IX. IMMUNOLOGIC AGENTS

Immunomodulators – Injectable

PREFERRED AGENTS

Enbrel[®] Humira[®]

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

Antihistamines – Ophthalmic

PREFERRED AGENTS

Pataday[®] Patanol[®]

Fluoroquinolones – Ophthalmic

PREFERRED AGENTS

Ciprofloxacin Vigamox[®]
ofloxacin

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS

Epogen[®]

Immunomodulators – Injectable

NON-PREFERRED AGENTS

*Cimzia[®] Simponi[™]
Kineret[®]*

Progestins (for Cachexia)

NON-PREFERRED AGENTS

Megace[®] (suspension) Megace ES[®]

Skeletal Muscle Relaxants

NON-PREFERRED AGENTS

<i>Amrix[®]</i>	<i>Skelaxin[®]</i>
<i>carisoprodol</i>	<i>Soma[®]</i>
<i>carisoprodol compound</i>	<i>Soma[®] 250</i>
<i>carisoprodol compound- codeine</i>	<i>Soma[®] Compound</i>
<i>Dantrium[®]</i>	<i>Soma[®] Compound with codeine</i>
<i>Fexmid[®]</i>	<i>Zanaflex[®] capsule</i>
<i>Parafon Forte[®] DSC</i>	<i>Zanaflex[®] tablet</i>
<i>Robaxin[®]</i>	

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

NON-PREFERRED AGENTS

lopidine[®]

Antihistamines – Ophthalmic

NON-PREFERRED AGENTS

*Elestat[®] Optivar[®]
Emadine[®]*

Fluoroquinolones – Ophthalmic

NON-PREFERRED AGENTS

*Besivance[™] Ocuflox[®]
Ciloxan[®] Quixin[®]
IQUIX[®] Zymar[®]*

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

PREFERRED AGENTS

Acular [®]	diclofenac ¹
Acular LS [®]	flurbiprofen
Acular PF [®]	

Prostaglandin Agonists – Ophthalmic

PREFERRED AGENTS

Travatan [®]	Xalatan [®]
Travatan Z [®]	

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

NON-PREFERRED AGENTS

<i>Nevanac[®]</i>	<i>Voltaren[®]</i>
<i>Ocufen[®]</i>	<i>Xibrom[®]</i>

Prostaglandin Agonists – Ophthalmic

NON-PREFERRED AGENTS

<i>Lumigan[®]</i>

XIII. OTICS

Fluoroquinolones – Otic

PREFERRED AGENTS

Ciprodex [®]	ofloxacin
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Fluoroquinolones – Otic

NON-PREFERRED AGENTS

<i>Cetraxal[®]</i>	<i>Floxin[®]</i>
<i>Cipro HC[®]</i>	

XIV. RENAL AND GENITOURINARY

Phosphate Binders/Regulators

PREFERRED AGENTS

calcium acetate (capsule)	Renagel [®]
Fosrenol [®]	Renvela ^{®1}
Phoslo [®]	

Phosphate Binders/Regulators

NON-PREFERRED AGENTS

<i>Eliphos[™]</i>

Selective Alpha Adrenergic Blockers

PREFERRED AGENTS

Flomax [®]	Uroxatral [®]
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Selective Alpha Adrenergic Blockers

NON-PREFERRED AGENTS

<i>Rapaflo[™]</i>

Urinary Tract Antispasmodics

PREFERRED AGENTS

Detrol LA [®]	Sanctura [®]
Enablex [®]	Sanctura XR [®]
oxybutynin	Vesicare [®]
Oxytrol [®]	

Urinary Tract Antispasmodics

NON-PREFERRED AGENTS

<i>Detrol[®]</i>	<i>Gelnique[™]</i>
<i>Ditropan[®]</i>	<i>oxybutynin ER</i>
<i>Ditropan XL[®]</i>	<i>Toviaz[™]</i>

XV. RESPIRATORY

Anticholinergics – Inhaled

PREFERRED AGENTS

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

Anticholinergics – Inhaled

NON-PREFERRED AGENTS

<i>Duoneb[®]</i>

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