

# NYRx Brand Less Than Generic Program Update

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May 21, 2026

## What Pharmacy Providers and Prescribers Need to Know

Effective **June 4, 2026**, the following changes will be made to the Dispense Brand Name Drug When Less Expensive Than the Generic Program:

- **Incruse Ellipta**® will be **ADDED** to the program.

In conformance with State Education Law, a pharmacist shall dispense a less expensive, therapeutically equivalent drug containing the same active ingredients, dosage form, and strength as the drug prescribed/ordered. This includes substituting the brand name drug when NYRx has determined it to be the less expensive alternative for the patient. Brand name drugs included in this program:

- Do not require "Dispense as Written" (DAW) or "Brand Medically Necessary" on the prescription.
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

## Important Billing Information

Pursuant to this program, prescription claims submitted to the Medicaid program **do not require** the submission of a DAW Product Selection Code of "1"; Pharmacies should **submit DAW code 9** (Substitution Allowed by Prescriber but Plan Requests Brand). Pharmacies will receive an NCPDP reject response of "22" which means missing/invalid DAW code if other DAW codes are submitted. The only exception to this is DAW code "1" and "Brand Medically Necessary" on the prescription.

Prior authorization is **only** available for generics of brand medications if one of the following is met:

- Member is allergic to an **inactive** ingredient in the brand medication.
- Brand medication is on a confirmed backorder by the manufacturer.
- Member has a better therapeutic outcome with the generic product compared to the brand name product.

The pharmacy should dispense the brand name product and NOT submit a prior authorization request to the provider's office for a generic of a BLTG drug unless one of the above conditions is met. For a complete list, see [NYRx BLTG Program Brand Name Drugs](#) on the next page.

## NYRx BLTG Drugs

NYRx BLTG Program Brand Name Drugs*		
Acular LS™	Copaxone® 20mg SQ	Pylera®
Advair Diskus®	Depakote® Sprinkle	Ravicti®
Advair HFA®	Edurant®	Restasis®
Alphagan P® 0.15%	Endometrin®	Risperdal Consta®
Alphagan P® 0.1%	EpiPen	Spiriva® Handihaler®
Anoro Ellipta®	EpiPen Jr	Symbicort®
Arnuity Ellipta®	Farxiga®	Tegretol® suspension
Atrovent HFA®	Forteo®	Tegretol® tablet
Azopt™	<b>Incruse Ellipta®</b>	Tegretol® XR
Bethkis®	Istalol®	Ventolin® HFA
Carbaglu®	Kitabis® Pak	Victoza®
Carbatrol®	Myrbetriq®	Vyvanse® capsule
Cipro® HC	Oxtellar XR®	Xarelto® 2.5 mg tablet
Cipro® oral suspension	Pentasa®	Xigduo® XR
Combigan®	Premarin® tablet	Zavesca®
Complera®	Protonix® suspension	

\* This list is subject to change. For the most recent updates, see the [Brand Less than Generic Program Updates](#).

\* Drugs in this program may be subject to prior authorization requirements of other pharmacy programs.

## Resources

- [NYRx Brand Less Than Generic Program](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)

## 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.