

Department
of Health

Medicaid NYRx

NYRx Education & Outreach MCO Newsletter

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April 17, 2026

Highlights

NYRx Notice to Providers, Pharmacies, and MCOs: Urgent Medical Device Correction – Omnipod® 5 Pods from Insulet

On **March 12, 2026**, Insulet, maker of Omnipod®, issued an [Urgent Medical Device Correction](#) notification to distributors, healthcare providers, and affected customers, recommending that certain affected Omnipod® 5 Pods be removed from distribution or sale and that customers discontinue use immediately. Insulet has identified that certain Pods from specific lots may have a small tear in the internal tubing that delivers insulin. If this occurs, insulin may leak inside the Pod instead of being fully infused in the body as intended.

Affected product includes:

- Omnipod® 5 Pods
- Lot Numbers: Click [here](#) to check if your Pod(s) is affected.
- Unique Device Identifiers (UDI): 10385083000527



This action applies only to specific Omnipod® 5 Pod lots distributed in the United States. Pods not included in these lots, as well as other Omnipod® products, remain safe to use.

For more information, see [NYRx Notice to Providers, Pharmacies, and MCOs: Urgent Medical Device Correction- Omnipod 5 Pods from Insulet](#).



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Discontinued Drug Coverage for Terminated Labelers per Medicaid National Drug Rebate Agreement

Effective **April 1, 2026**, the following drug manufacturers voluntarily withdrew from participation in the Medicaid Drug Rebate Program (MDRP). As a result, NYRx, the Medicaid Pharmacy Program, will no longer provide coverage for drugs manufactured by the manufacturers listed below.



NDC 5 (Labeler code)	Manufacturer Name
70347	Aralez Pharmaceuticals, Inc.
83774	Pilnova Pharma
57665	Leadiant Biosciences
72786	Global Blood Therapeutics, Inc.
68850	STI Pharma, LLC
69656	GlaxoSmithKline LLC
73534	Avalo Therapeutics, Inc.
85690	Invernix Pharmaceuticals, Inc.

Affected products include:

- Toprol XL 25 mg tablet*
- Toprol XL 50 mg tablet*
- Toprol XL 100 mg tablet*
- Toprol XL 200 mg tablet*
- Azacitidine 100 mg vial*
- **Abelcet 100 mg/20 mL vial**

* Other manufacturers produce this drug so there are alternate NDC's that will remain available. Bolded drugs do not have direct alternatives available, but manufacturers may offer assistance programs.

For more information, see [Discontinued Drug Coverage for Terminated Labelers per Medicaid National Drug Rebate Agreement](#).



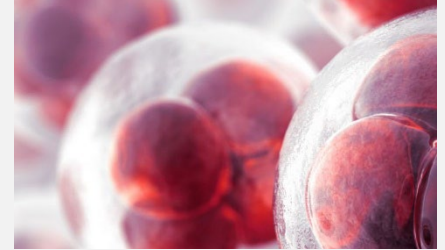
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NYRx Notice to Providers: Dexcom G6 Continuous Glucose Monitor (CGM) Systems

What Pharmacy Providers and Prescribers Need to Know

Effective **July 1, 2026**, the manufacturer of Dexcom G6 will discontinue this product line. Patients must receive new prescriptions for either the Dexcom G7 or Dexcom G7 15-day CGM system. Previously approved prior authorizations (PA) of the discontinued Dexcom G6 Sensors may be impacted and require a new PA.

- For a complete list of Continuous Glucose Monitors covered by NYRx, see the [NYRx Preferred Diabetic Supply Program Resource](#).
- For more information, see [NYRx Notice to Providers: Dexcom G6 Continuous Glucose Monitor \(CGM\) Systems](#).



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What Is an IVN, and How Can I Obtain One?

An Individual Verification Number (IVN) is a unique identifier assigned to individuals associated with a Managed Care Organization (MCO) or State agency who do not have a National Provider Identifier (NPI), but who require access to the NYRx E&O Team to discuss member-protected health information (PHI).



The IVN is used to verify the caller's identity and serves as the required HIPAA authorization. Access Request Contacts (ARCs) must complete a form to authorize call center access for identified Designated Users (DUs). ARCs are primary points of contact for their organization, typically consisting of leaders, directors, and compliance officers. Authorized access to PHI must be limited to what is necessary based on the DU's job responsibilities. Once the request is approved, the DU will receive an email with their assigned IVN and instructions for contacting the call center.

The NYRx E&O team recommends that all organizational staff who directly support care coordination functions, including case workers and case managers, obtain an IVN.

For questions related to the form, contact NYRxEO@primetherapeutics.com.



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Publications

Click to access [NYRx, the Medicaid Pharmacy Program](#) website for these publications and more:

- Billing & Coordination of Benefits
- Drug Class Coverage Overviews
- Newsletters
- Notifications
- Prior Authorization Information

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Quicklinks



[NYRx Preferred Drug List](#)



[NYRx Preferred Drug Quick List](#)



[NYRx eMedNY Formulary File](#)



[NYRx Brand Less Than Generic Program Updates](#)



[NYRx Preferred Diabetic Supply Program](#)

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About the NYRx E&O Team

The NYRx E&O team serves as a liaison between all stakeholders and NYRx to support care coordination. Clinical liaisons are trained to support and help solve complex pharmacy cases for:



- Managed Care Plans
- Case workers and NYS agencies
- Prescribers and pharmacies with questions regarding NYRx drug coverage, prior approval requirements, and NYRx enrolled pharmacies
- Complex care coordination for populations such as HIV/AIDS, Hemophilia, Foster Care Children, Serious Mental Illness, Substance Use Disorder, and Hepatitis C

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Weekly Webinars

To register, please visit the [NYRx Education & Outreach](#) website.

Prescriber Webinar

Mondays

12 PM – 1 PM ET

Pharmacy Webinar

Wednesdays

12 PM – 1 PM ET

NYRx, the Medicaid Pharmacy Program

Fridays

12 PM – 1 PM ET

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Contact Us

Office Hour Q&A Pop-In

Mondays and Wednesdays

12 PM – 1 PM ET

[Click here to join.](#)



Meet with the Team

The NYRx E&O team meets with various stakeholders throughout the month.

Would you like to request a meeting with us? [Click here.](#)

NYRx E&O Call Center

1-833-967-7310

Monday – Friday

8 AM – 5 PM ET

Excludes Holidays



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