

NYRx Cost Optimization Program Overview

March 19, 2026

What Pharmacy Providers and Prescribers Need to Know

NYRx, the Medicaid Pharmacy Program, has initiated a cost optimization program to help address increasing drug costs. This program focuses on a specific drug trend that is primarily occurring with new formulations and dosages of older drug products. These drugs are being manufactured and are entering the market with **substantially higher launch prices** than equally efficacious, cost-effective alternatives. They also lack additional clinical utility while others lack clear medical necessity for those specific formulations and dosages.

Pursuant to Title 18 of the New York Codes, Rules, and Regulations (NYCRR) Section 513.4(d), the ordering practitioner and dispensing pharmacy are responsible for assuring that cost-effective alternatives, which meet the member's medical needs, have been explored and are prescribed and dispensed. The use of affected formulations and dosages for convenience of the member or prescriber is not considered medically necessary. NYRx, covers medically necessary Food and Drug Administration (FDA) approved drugs when used for Medicaid-covered indications.

Effective **March 19, 2026**, the following drugs will **require a Manual Review by NYRx** for coverage approval:

- buspirone (Bucapsol™) 7.5 mg, 10 mg, 15 mg capsule, clindamycin phosphate (Clindagel) 1% gel, clobetasol 0.025% cream, dexchlorpheniramine 2 mg/5 mL, Ertaczo® 2% cream, fenoprofen (Fenopron) 300 mg capsule, gabapentin (Gabarone) 100 mg, 400 mg tablet, ketoprofen 75 mg capsule, meloxicam (Zybic) 7.5 mg/5 mL suspension, Metaxalone 640 mg tablet, metoprolol tartrate (Lopressor) 12.5 mg tablet, Nitrofurantoin 50 mg/5 mL suspension, Pokonza™ 10 mEq packet, Sdamlo™ 2.5 mg, 5 mg, 10 mg powder for solution, tetracycline 500 mg tablet, and tizanidine 8 mg capsule and will be **ADDED** to the program.



NYRx Manual Review Required

Drugs	
amcinonide 0.1% cream	ketoprofen 75 mg capsule
bupirone (Bucapsol) 7.5 mg, 10 mg, 15 mg capsule	Lurbiro™ 100 mg tablet
carbinoxamine maleate 6 mg tablet	meloxicam (Zybic) 7.5 mg/5 mL suspension
chlorzoxazone 250 mg tablet	meloxicam 5 mg, 10 mg capsule
clindamycin phosphate (Clindagel) 1% gel	Metaxalone 640 mg tablet
clobetasol 0.025% cream	metformin HCl 625 mg, 750 mg (IR) tablet
dexchlorpheniramine 2 mg/5 mL	metoprolol tartrate (Lopressor) 12.5 mg tablet
diclofenac potassium 25 mg tablet	Nitrofurantoin 50 mg/5 mL suspension
dicyclomine 40 mg tablet	oxaprozin (Coxanto) 300 mg capsule
diflunisal (Dolobid®) 250 mg, 375 mg tablet	Pokonza™ 10 mEq packet
econazole nitrate 1% foam	Pokonza™ 15 mEq packet
ergotamine tartrate® 2 mg SL tablet	prednisone DR 1 mg, 2 mg tablet
Ertaczo® 2% cream	Relafen® DS 1,000 mg tablet
Escitalopram 15 mg capsule	Sdamlo™ 2.5 mg, 5 mg, 10 mg powder for solution
fenoprofen (Fenopron) 300 mg capsule	tetracycline 250 mg tablet
gabapentin (Gabarone) 100 mg, 400 mg tablet	tetracycline 500 mg tablet
halcinonide 0.1% solution	tizanidine 8 mg capsule
hydrocortisone 2.5% solution	tolmetin sodium 400 mg capsule, 600 mg tablet
ibuprofen 300 mg tablet	Tonmya™ 2.8 mg SL tablet
Javadin™ 0.02 mg/mL solution	Ultravate® 0.05% lotion

Note: The drugs in this list have FDA-approved, safe, and effective alternatives for their common uses. Prescribers may consider alternatives using the [Medicaid Pharmacy List of Reimbursable Drugs](#). Not all drugs listed are on the [NYRx Preferred Drug List \(PDL\)](#). However, those that are, will have a superscript of **MR** to indicate manual review. This list is subject to change. For the most up-to-date list of drugs, see the [NYRx Cost Optimization Program Overview](#).

The above drugs will reject with National Council for Prescription Drug Programs (NCPDP) Reject code “75”, Prior Authorization Required. These drugs will not be approvable by Prime. A Manual Review by the New York State Department of Health will be required.

If a prescriber has determined that one of these drugs is the only appropriate treatment for a Medicaid member, they may submit a letter of medical necessity and supporting documentation to NYRx@health.ny.gov for a review of coverage. Supporting documentation must include peer-reviewed literature and chart notes that justify why the prescribed formulation/dosage is medically necessary.

Resources

- [NYRx Cost Optimization Program Overview](#)
- [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 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.