



Department
of Health

NYRx, the Medicaid Pharmacy Program

Brand Less Than Generic
Program (BTLG)



Brand Less Than Generic Program

A cost-containment initiative, promoting the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent. In conformance with State Education Law, which intends that patients receive the lower cost alternative, 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.
- Pharmacies should submit claims with DAW Code 9 – Substitution Allowed by Prescriber but Plan Requests Brand.

Brand Less Than Generic Program

Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs.

List of Brand Name Drugs Included Program*			
Advair Diskus®	Daytrana®	Lialda®	Restasis®
Alphagan P® 0.15%	Depakote® Sprinkle	Nesina®	Retin-A® cream
Amitiza®	Dexilant®	Nexavar®	Symbicort®
Apriso®	EpiPen	NuvaRing®	Tegretol® XR
Azopt™	EpiPen, Jr	Oseni®	Tegretol® suspension
Bethkis®	Firvanq®	Pentasa®	Trileptal® suspension
CellCept® suspension	Flovent® HFA	Protonix® suspension	Vascepa®
Ciprodex®	Glumetza®	Pradaxa®	Ventolin® HFA
Combigan®	Hetlioz®	Pylera®	Viibryd®
Concerta®	Kazano®	Rapamune® solution	Zegerid® Rx
Copaxone® 20 mg SQ	Kitabis® Pak	Renvela® tablet	

* As of 7/13/2023. This list is subject to change. For the most recent updates, see [Brand Less than Generic Program Updates](#).

Example: Retin-A Cream

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
V. Dermatologic Agents		
Acne Agents, Topical		
adapalene/benzoyl peroxide adapalene cream adapalene OTC gel Retin-A[®] cream <small>CC, BLTG</small> tazarotene cream <small>CC</small> tretinoin gel (gen Avita, Retin-A) <small>CC</small>	adapalene Rx gel, gel pump adapalene/benzoyl peroxide Altreno [®] <small>CC</small> Arazlo [™] <small>CC</small> Atralin [®] <small>CC</small> Avita [®] <small>CC</small> clindamycin/tretinoin <small>CC</small> dapsone Fabior [®] <small>CC</small> Retin-A [®] gel <small>CC</small> Retin-A Micro [®] <small>CC</small> tazarotene foam (gen Fabior [®]) <small>CC</small> tazarotene gel <small>CC</small> tretinoin cream, gel <small>CC</small> (gen Atralin) tretinoin micro <small>CC</small> Winlevi [®] Ziana [®] <small>CC</small>	CLINICAL CRITERIA <ul style="list-style-type: none"> Confirm diagnosis of FDA-approved, compendia-supported, and Medicaid-covered indication