



Department
of Health

Medicaid NYRx

NYRx Education & Outreach CoverMyMeds® Electronic Prior Authorization for New York State Medicaid Prescribers Webinar

Agenda

- Prior Authorization and NYRx, the Medicaid Pharmacy Program
- Electronic Prior Authorizations – CoverMyMeds to NYRx
- CoverMyMeds Account
- CoverMyMeds Dashboard
- Verify Prescribers
- Create New ePA Request
- Pharmacy-Initiated ePA Requests
- Check ePA Request Status
- Renew ePA Request
- CoverMyMeds Support
- NYRx Education & Outreach
- Resources
- Q&A

Prior Authorization and NYRx, the Medicaid Pharmacy Program

NYRx, the Medicaid Pharmacy Program

- NYRx covers medication for FDA-approved, compendia-supported, and Medicaid-covered indications.
- Certain drugs/drug categories require a prior authorization before NYRx will cover the drug. For more information, see the [NYRx Preferred Drug List](#).
- Preferred drugs generally **do not** require prior authorization when prescribed according to FDA labeling, unless otherwise indicated. For more information, see the [NYRx Preferred Drug Quick List](#).

Note: For a complete list of drugs covered by the NYRx, the Medicaid Pharmacy Program, refer to [Medicaid Pharmacy List of Reimbursable Drugs](#).

Submitting a Prior Authorization to NYRx

Method	Contact	Description
Electronic	www.covermymeds.com	The CoverMyMeds electronic prior authorization (ePA) request submission channel allows pharmacy providers to initiate ePA requests on behalf of the member to the prescriber and prescribers to initiate and submit ePA requests, with approvals potentially given in real time.
Fax	Prime Therapeutics NYRx Clinical Call Center 1-800-268-2990	Prescribers can submit a PA request via fax by utilizing the NYRx, the Medicaid Pharmacy Program Prescription Prior Authorization Request Form . A determination for a fax request is within 24 hours.
Phone	Prime Therapeutics NYRx Clinical Call Center 1-877-309-9493	Prescribers may also submit a PA request via phone. The NYRx Clinical Call Center is operational 24 hours a day, 7 days per week.

Note: Electronic prior authorization (ePA) submission will be available this summer. ePA is the most efficient, effective way to submit a PA to NYRx.

Electronic Prior Authorizations – CoverMyMeds to NYRx

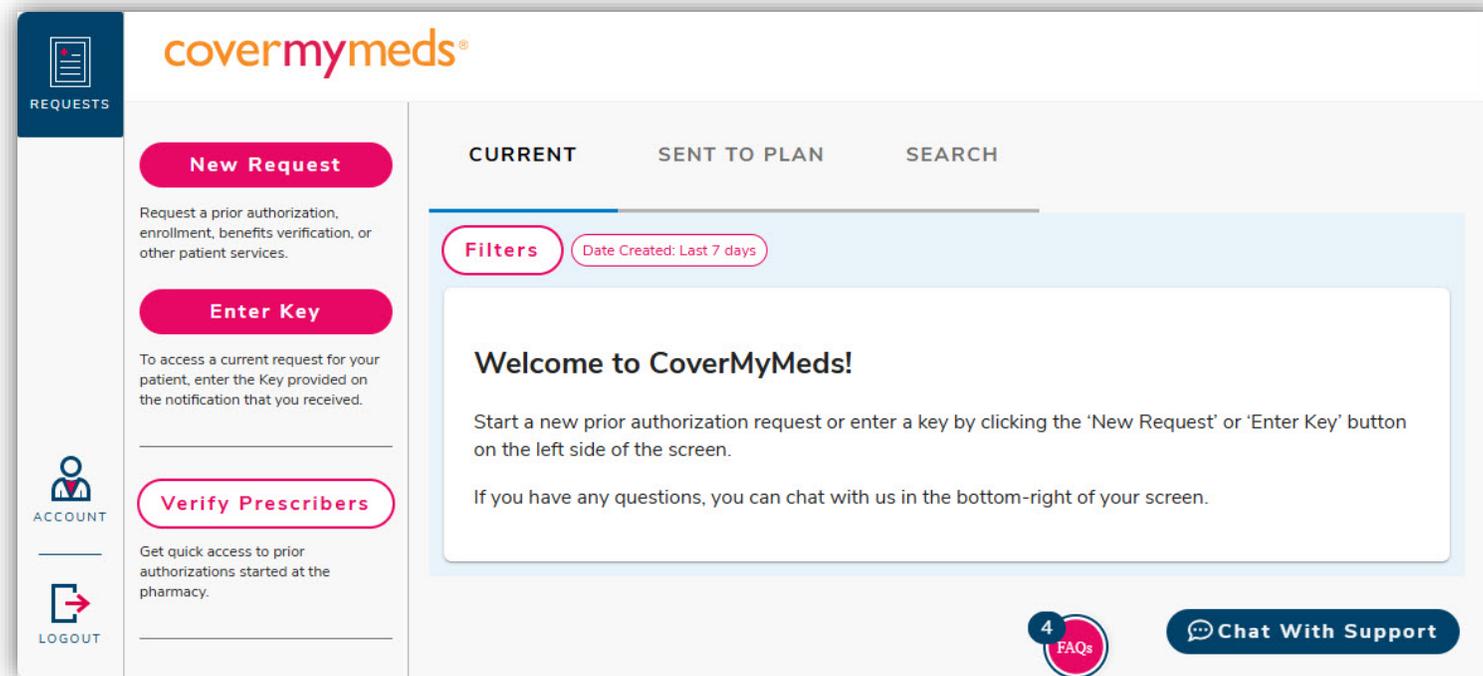
June 24, 2025

Electronic Prior Authorization Requests

- Starting July 15, 2025, NYRx, the Medicaid Pharmacy Program, will accept electronic prior authorization, also known as ePA, requests via CoverMyMeds in addition to phone and fax requests.
- Offering an efficient, effective way to submit prior authorization requests, prescribers will now be able to electronically submit prior authorization requests, upload supporting documents, and track request status in real time.
- For more information, see:
 - [NYRx Electronic Prior Authorization via CoverMyMeds Summer 2025](#)
 - [Reminder: NYRx Electronic Prior Authorization via CoverMyMeds Summer 2025](#)

What is CoverMyMeds?

- Tool designed to simplify the PA process by prompting clinical questions that can offer real-time approvals if clinical criteria is met.
- Submit PA requests, upload supporting documents, and track request status in real time.



Benefits of CoverMyMeds ePA

Member

- Reduces potential delays for medications, improving access for necessary treatments
- Reduces medication nonadherence, improving outcomes

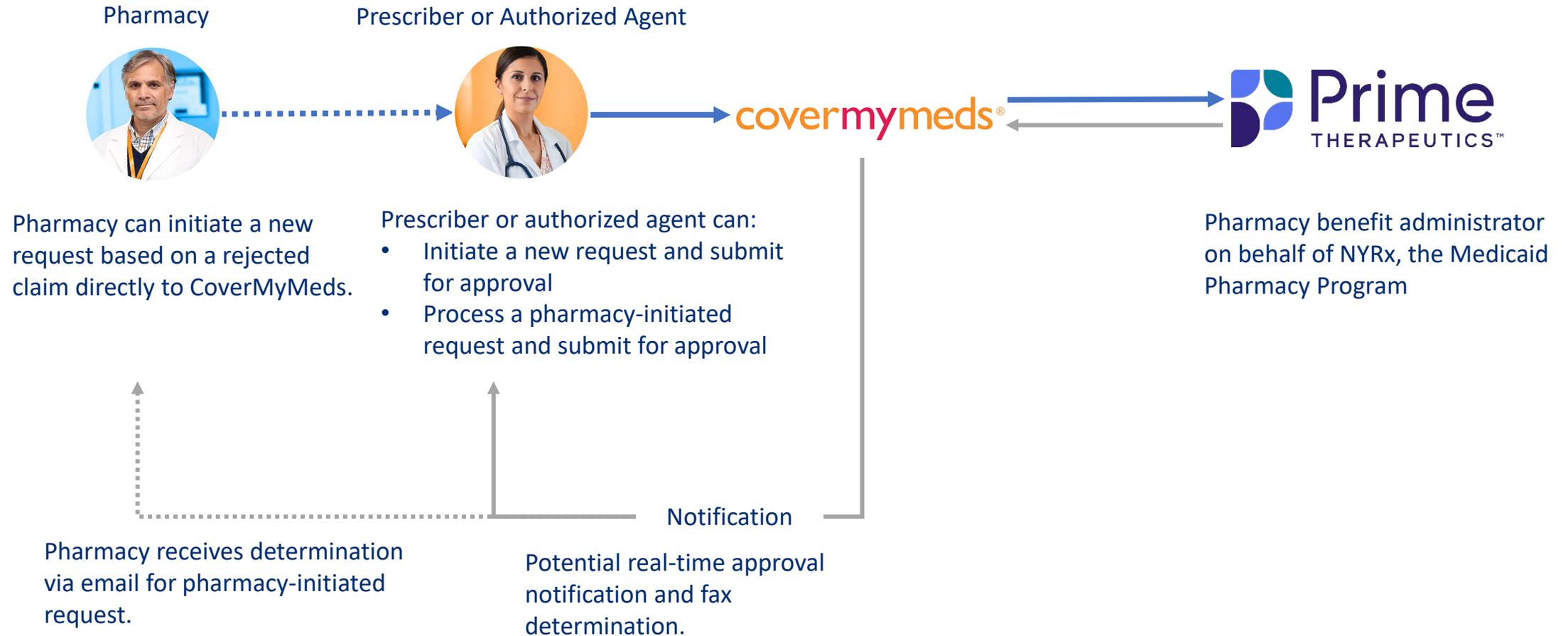
Pharmacy

- Allows pharmacies to initiate an ePA at the point of claim rejection with direct system integration
- If an ePA was initiated by a pharmacy, the pharmacy receives status

Prescriber

- Allows requests of ePAs and review of preferred alternatives
- Allows prescribers to respond to criteria questions and upload supportive documentation, minimizing the need for additional outreach
- Provides real-time status results and an opportunity for real-time approvals
- Reduces administrative burdens for healthcare providers
- Provides an option to create a new ePA and/or renew an ePA
- CoverMyMeds is integrated with 350+ EHR/EMR systems

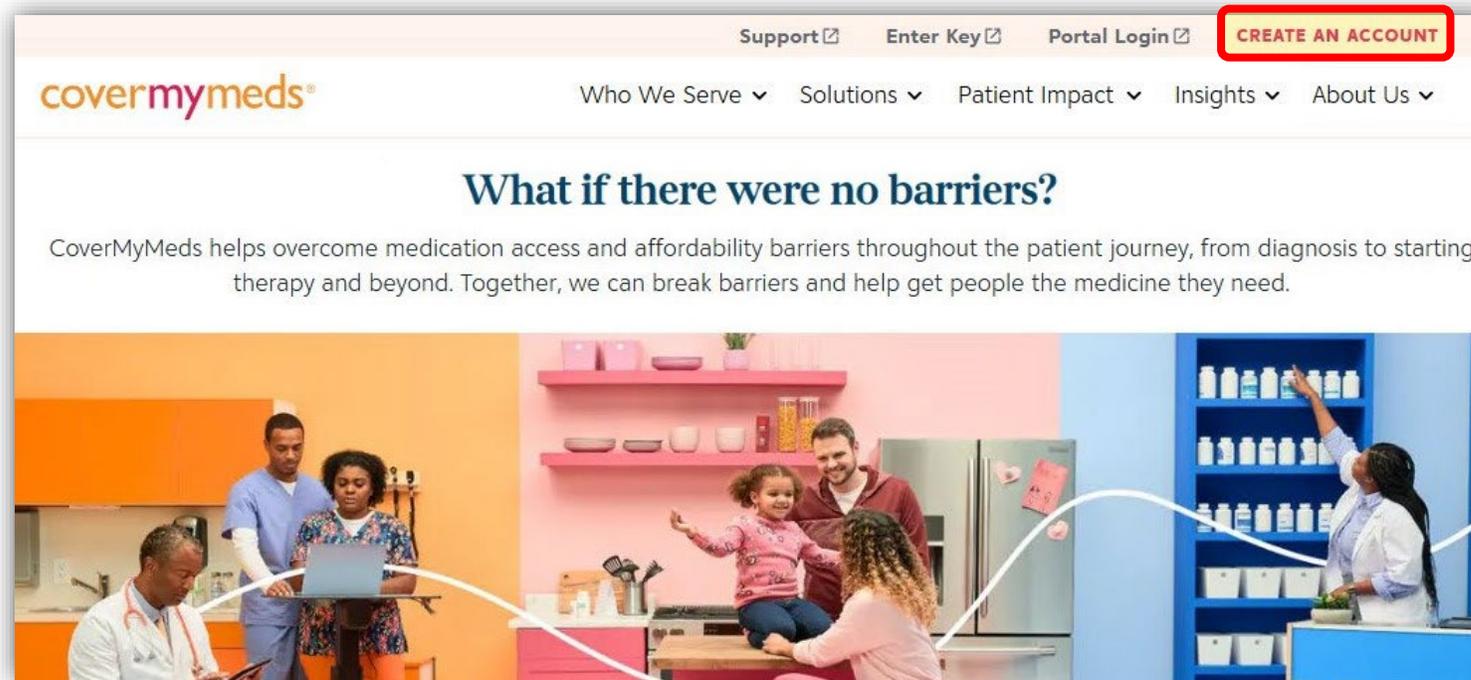
NYRx ePA Experience



CoverMyMeds Account

Create an Account

- Go to www.covermymeds.com.
- On the CoverMyMeds home page, click **Create An Account**.



Create an Account

- Step 1: Tell Us About You
- Step 2: Prior PA Experience
- Step 3: Location
- Step 4: Office Setting
- Step 5: Username & Password

CREATE ACCOUNT

STEP 1 OF 5: TELL US ABOUT YOU

CoverMyMeds is for use by healthcare staff only. If you're a patient, contact your provider's office to get information about your prescription.

Fields with an * are required

Enter the email associated with your primary workplace. This information will be used to authenticate and verify your account.

Types of Accounts

Who	Can...
Prescriber	<ul style="list-style-type: none"> • Link your NPI to your account • Create new ePA requests • Process and submit pharmacy-initiated ePA requests • Check ePA request status • Renew ePA requests
Authorized Agent	<ul style="list-style-type: none"> • Link multiple NPIs to your account • Create new ePA requests • Process and submit pharmacy-initiated ePA requests • Check ePA request status • Renew ePA requests
Pharmacy	<ul style="list-style-type: none"> • Verify prescribers • Initiate a new request based on a rejected claim • Check ePA request status of pharmacy-initiated ePA requests

Note: Information may also be accessed via CoverMyMeds-integrated electronic health record or electronic medical record systems.

CoverMyMeds Dashboard

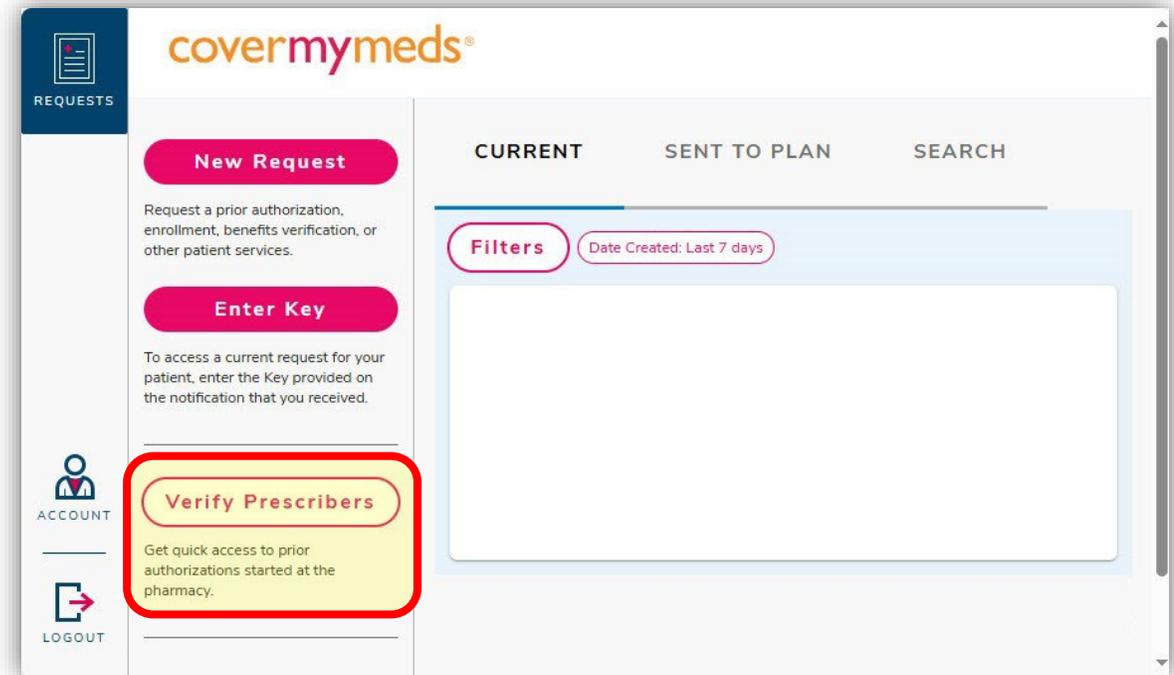
Dashboard Navigation

The screenshot displays the CoverMyMeds dashboard interface. On the left, a dark blue sidebar contains navigation links: 'REQUESTS' (with a document icon), 'ACCOUNT' (with a person icon), and 'LOGOUT' (with a right-pointing arrow icon). The main content area features the 'covermymeds' logo at the top left. Below the logo, three primary action buttons are highlighted with red boxes: 'New Request' (red), 'Enter Key' (red), and 'Verify Prescribers' (red). To the right of these buttons are three yellow filter buttons: 'CURRENT', 'SENT TO PLAN', and 'SEARCH'. Below the filters, a 'Filters' section shows 'Date Created: Last 7 days'. A large white box contains the text: 'Welcome to CoverMyMeds! Start a new prior authorization request or enter a key by clicking the 'New Request' or 'Enter Key' button on the left side of the screen.'

Verify Prescribers

Verify Prescribers

- Links an NPI with an account.
- An NPI is required to access pharmacy-initiated PA requests.
- You may verify as many NPI numbers to your account as needed.
- Linked pharmacy-initiated PA requests will automatically appear on your dashboard.



Prescriber Verifications

On the Prescriber Verifications page, click **Add Prescribers**.

Prescriber Verifications

0 Verified Prescribers

[Add Prescribers](#)

We can connect you to the prescribers you work regularly with through fax verification. It's a simple process that will give you quick access to prior authorizations started at the pharmacy*, as well as email notifications on status alerts.

[Add prescribers](#) to begin verification.

*some prior authorizations may not share into your dashboard.

Add Prescriber

Find and select the prescriber you would like to verify and click **Next**.

The screenshot displays a web form titled "Add Prescriber". On the left side, there are two radio button options: "FIND PRESCRIBER" (which is selected) and "VERIFICATION CODE". The main content area is titled "Find Prescriber" and contains the instruction "Select the prescriber you would like to verify." Below this is a search input field with the placeholder text "Search" and a magnifying glass icon. At the bottom of the form, there are three buttons: "Cancel", "Back", and "Next". The "Next" button is highlighted with a red rectangular border.

Add Prescriber

Select the preferred contact method you want to send the verification code to and then click **Send Code**. A Verification Code Sent confirmation message appears.

Add Prescriber

- FIND PRESCRIBER
- VERIFICATION CODE

Verification Code

A verification code will be sent to your preferred contact method. Once received, you will enter it for the NPI you chose to verify.

How would you like to receive the verification code?

Dr. Xisui Shirley Chen M.D. [?](#)

Fax - (718) 808-7755

✓ Verification Code Sent

A verification code was sent to your chosen contact method.

Once you receive the code, enter it for the NPI you chose to verify.

Prescriber Verifications

Once the verification code is provided by the prescriber, enter the code and click **Verify**.

Prescriber Verifications

0 Verified Prescribers

Filter ▾
Add Prescribers

Name	Specialization	NPI	Verification Date	Verification Status
^ Xisui Chen	Internal Medicine	18214842... -		● Pending

Verification Method Fax

Fax Number (718) 808-7755

Verification Code Sent 5/29/2025

Verification Code

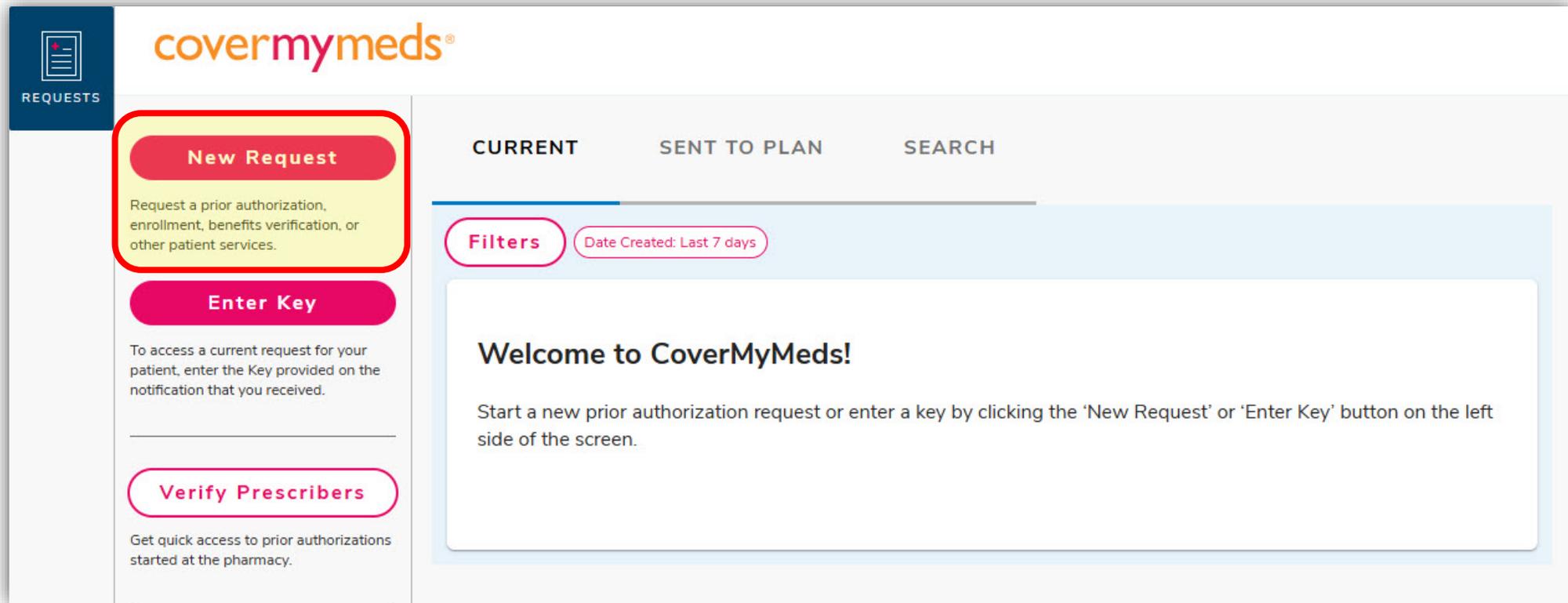
[Resend code via fax](#)

1 ▾ of 1 Page

Create New ePA Requests

Request a New ePA

From the dashboard, click **New Request**.



The screenshot displays the CoverMyMeds dashboard. On the left sidebar, under the 'REQUESTS' header, there are three main buttons: 'New Request' (highlighted with a red box), 'Enter Key', and 'Verify Prescribers'. The 'New Request' button is accompanied by the text: 'Request a prior authorization, enrollment, benefits verification, or other patient services.' The main content area features a navigation bar with 'CURRENT', 'SENT TO PLAN', and 'SEARCH' tabs. Below this is a 'Filters' section with a 'Date Created: Last 7 days' filter. A large white box contains the text: 'Welcome to CoverMyMeds! Start a new prior authorization request or enter a key by clicking the 'New Request' or 'Enter Key' button on the left side of the screen.'

Note: If your electronic health record or electronic medical record system is integrated with CoverMyMeds, visiting the portal may not be necessary.

Medication Information

Begin entering the medication name or National Drug Code (NDC) and then choose the appropriate match from the list.

Medication

Enter the medication name or NDC (National Drug Code) number.

Primary Diagnosis

Begin entering the patient's primary diagnosis associated with the request, choose the appropriate match from the list, and then click **Continue**.

Primary Diagnosis

Entering this information will auto-fill the diagnosis in the rest of this prior authorization.

[Enter This Later](#) **Continue**

Note: Prior authorizations should NOT be submitted for drugs if the diagnosis provided is one excluded by federal and/or state legislation. For more information, see [NYRx Excluded Diagnoses](#).

Patient Insurance

- Select **Option 2: Insurance plan or PBM name**.
- Choose **New York** from the **Patient Insurance State** list.
- Enter **NYRx, the Medicaid Pharmacy Program** as the **Plan or PBM Name** if it does not already appear in the field.

Patient Insurance 📄 MORE INFO

Enter the patient's drug insurance ID card to find the most accurate form. Alternatively, you can enter a patient's insurance plan or PBM name.

Option 1: Drug insurance ID card

Patient Insurance State
New York

RxBIN

RxPCN Number

RxGroup

Option 2: Insurance plan or PBM name

Patient Insurance State
New York

Plan or PBM Name
NYRx, the Medicaid Pharmacy Program

Select Form

If prior authorization is required, select **NYRx Medicaid Pharmacy Program Prescription Prior Authorization Request Form** and click **Start Request**.

Select a Form



PHARMACY BENEFIT
**NYRx Medicaid Pharmacy Program
Prescription Prior Authorization Request Form**

Prior Authorization for NYRx, the Medicaid Pharmacy Program administered by Prime Therapeutics

[More Info](#) [Start Request](#)

Patient Information

- Enter the patient's demographic information either by using the **Patient Address Book** or by manually entering the information.
- Member ID = Member NYS Medicaid ID (two letters, five numbers, one letter)
- Required fields are notated with an asterisk (*). When filling out the form, please ensure it is complete and accurate prior to proceeding to the next step.

Patient Information

Fields with an * are required

Patient Clear

Name

Prefix **First*** Middle **Last*** Suffix

Required Field Required Field

Address

Street* Street 2

Required Field

City* **State*** **Zip***

Required Field Required Field Required Field

Date of Birth

Required Field

Gender*

Male Female

Required Field

Patient ID

Enter the ID# found on the Prescription Benefit ID card, NOT the Medical Insurance ID Card.

Required Field

Phone

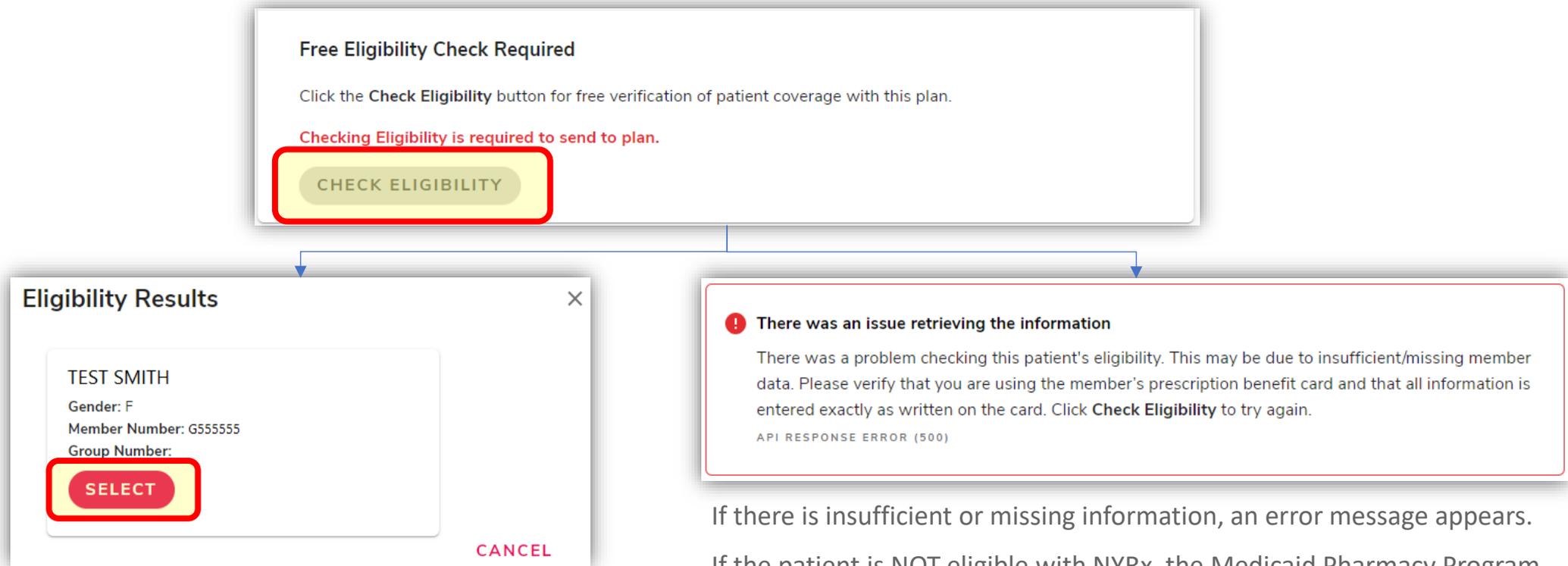
Required Field

Invalid Phone Number. Please use the (XXX) XXX-XXXX format.

Add this patient to address book

Eligibility

Click **Check Eligibility** to verify the patient's eligibility.



If the patient is eligible, click **Select**.

If there is insufficient or missing information, an error message appears.

If the patient is NOT eligible with NYRx, the Medicaid Pharmacy Program, a PA cannot be submitted.

Prescriber Information

- Enter the prescriber's information either by using the **Prescriber Address Book** or manually entering the information.
- Required fields are notated with an asterisk (*). When filling out the form, please ensure it is complete and accurate prior to proceeding to the next step.

Provider Information ^

Fields with an * are required

PRESCRIBER INFORMATION
Prescriber Clear

Name

First* ! Last* !

Required Field Required Field

NPI

* !

Required Field

Address

Street* ! City* !

Required Field Required Field

State* ! v Zip* !

Required Field Required Field

Office Contact

First Last

Phone

(XXX) XXX-XXXX* !

Invalid Phone Number. Please use the (XXX) XXX-XXXX format.

Fax

(XXX) XXX-XXXX* !

Invalid Phone Number. Please use the (XXX) XXX-XXXX format.

Add this prescriber to address book

Drug and Diagnosis

- **DAW-1** should only be selected if the intention is for the patient to receive a specific NDC or brand product only. Otherwise, select **No**.
- If the product or the drug is in the NYRx [Brand Less Than Generic \(BLTG\) Program](#), PAs should only be requested for a generic version if there is a contraindication to the use of the brand-name product.
- Required fields are notated with an asterisk (*). When filling out the form, please ensure it is complete and accurate before proceeding to the next step.

DRUG AND DIAGNOSIS

Fields with an * are required

^

Medication Name

Quantity

*

!

(Numeric value. Please do not include any white spaces.)

Confirm dosage form

Confirm dosage form*
!
v

Required Field

All reviews will be processed with generic equivalents for brand drugs whenever possible.

Should this request be reviewed for a brand only product (DAW-1)?*

Yes

No

! Required Field

Days Supply

(Up to 3 digits)*

!

Required Field

Primary Diagnosis

ICD-10*

!

Required Field

Secondary Diagnosis

Send to Plan

Once you have entered all the required information, click **Send to Plan**.

PRESCRIBER NEXT STEPS 

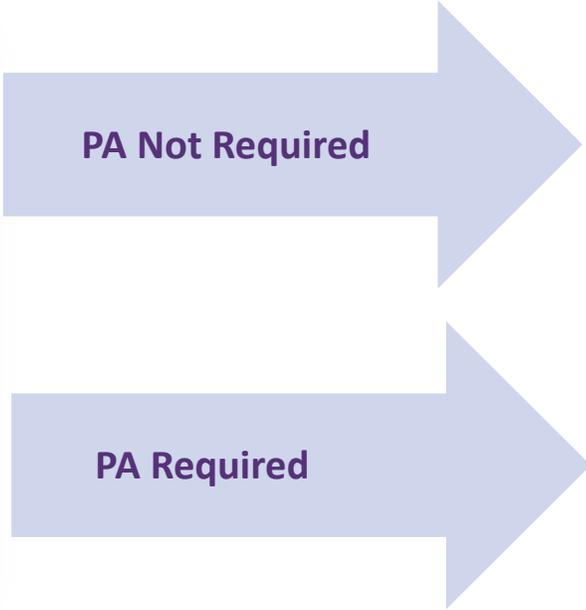
Click the "Send to Plan" button to submit this information to Prime Therapeutics.
(If it is disabled, be sure all required fields have been completed.)

Prime Therapeutics will respond automatically with your next steps.

Review Details

Make sure to review all of the entered details.

SEND TO PLAN



Prior Authorization Not Required

- In this example, Naloxone HCL 4mg SPRAY does not require a PA for this member.
- The pharmacy should submit the claim.

(Key: BAYJR8F6)

Need Help? Call us at (866)452-5017

<p>Outcome</p> <p>i Additional Information Required</p> <p>NALOXONE HCL 4 MG SPRAY is covered for this patient without prior authorization.</p>	<p>Drug</p> <p>Naloxone HCl4MG/0.1ML liquid</p> <p>Form</p> <p>NYRx Medicaid Pharmacy Program Prescription Prior Authorization Request Form</p>
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Prior Authorization Required - Clinical Questions

Clinical Questions ^

Fields with an * are required

Please note: brand name Farxiga is preferred over the generic. You are prescribing a non-preferred drug. For an extended approval duration, please consider prescribing a Preferred Drug List alternative. If an acceptable option is available, select from the list. If not, please select "No acceptable alternative available."(ID. 1000)

*
No acceptable alternative available v

Has the patient experienced treatment failure with a preferred/formulary drug within the requested therapeutic class?(ID. 3020)*

Yes No

Has the patient experienced an adverse reaction with a preferred/formulary drug within the requested therapeutic class?(ID. 3030)*

Yes No

Is there documented history of successful therapeutic control with a non-preferred/non-formulary drug and transition to a preferred/formulary drug is medically contraindicated?(ID. 3040)*

Yes No

Prior Authorization Outcome Responses

TEST SMITH (Key: BXWVQR77) ×



NYRx is reviewing your PA request. You may close this dialog, return to your dashboard and perform other tasks.

To check for an update later, refresh this page, or open this request again from your dashboard.

To follow up on this request after 24 hours, please contact the NYRx Clinical Call Center at 1-877-309-9493.

A "key" is a six-to-eight-character alphanumeric code that uniquely identifies a specific prior authorization request within CoverMyMeds.

- OR -

TEST SMITH (Key: BXWVQR77) ×



This request has been approved.

Please note any additional information provided by NYRx at the bottom of your screen.

[CLOSE](#) [RETURN TO DASHBOARD](#)

Pharmacy-Initiated ePA Requests

Pharmacy-Initiated ePA Requests

- CoverMyMeds has more than 50,000+ pharmacies within their network.
- Pharmacies can initiate a PA on behalf of the prescriber when a claim is rejected.

Send To Plan

Send To Prescriber

Save

Archive

Other Actions ^

Print/Download

Renew

Delete

Show Hidden

Need Help? Call us at (866)452-5017

Outcome

i Additional Information Required

This request cannot be completed via ePA at this time. Please contact the NYRx Prior Authorization Department at (877) 309-9493 for additional information.

Drug
Desvenlafaxine Succinate ER 50MG er tablets

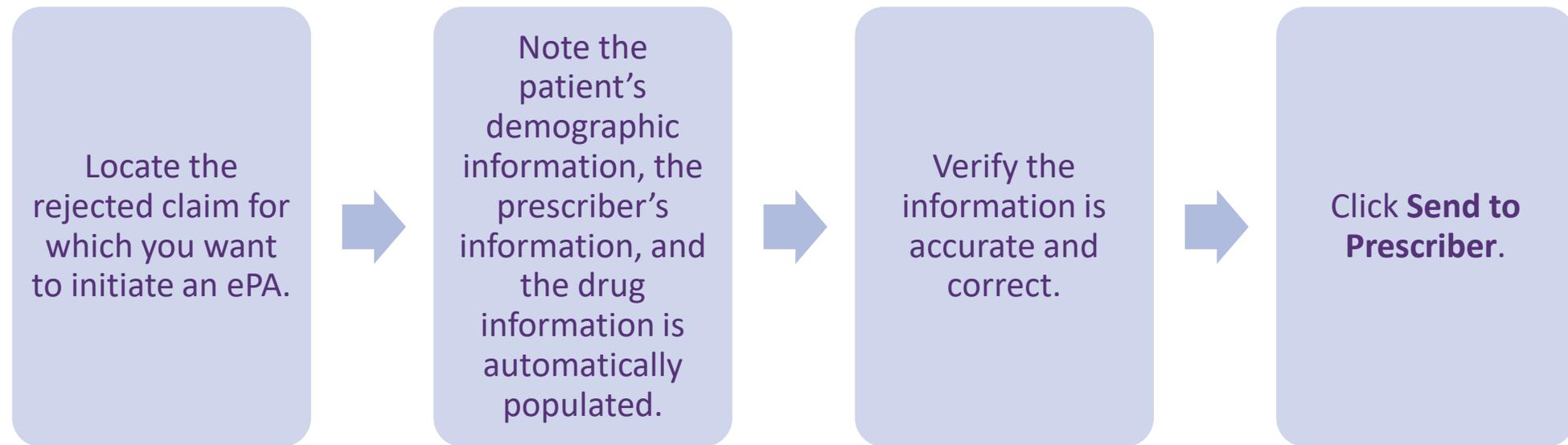
Form
Prime Therapeutics New York Medicaid Electronic PA Form

Prescriber Instructions

This is a NYRx Medicaid Pharmacy Program Prescription Prior Authorization Request Form. Complete the fields and click **Send to Plan** to submit.

Note: Pursuant to Social Security Law, only the prescriber or their authorized agent can obtain a prior authorization.

Pharmacy-Initiated ePA Requests



Note: If your electronic health record or electronic medical record system is integrated with CoverMyMeds, you may not have to follow this process.

Check ePA Request Status

Check Status of ePA Requests

The screenshot displays the CoverMyMeds website interface. On the left, a dark blue sidebar contains a 'REQUESTS' icon and the word 'REQUESTS'. The main content area features the 'covermymeds' logo at the top. Below the logo, there are three primary navigation buttons: 'New Request' (pink), 'Enter Key' (yellow), and 'Verify Prescribers' (pink). The 'Enter Key' button is highlighted with a red border. To the right of these buttons are three status filters: 'CURRENT', 'SENT TO PLAN', and 'SEARCH', all highlighted with red borders. Below these filters is a 'Filters' button, also highlighted with a red border, which includes a sub-filter 'Date Created: Last 7 days'. The main content area contains a 'Welcome to CoverMyMeds!' message and instructions: 'Start a new prior authorization request or enter a key by clicking the 'New Request' or 'Enter Key' button on the left side of the screen.'

covermymeds®

REQUESTS

New Request
Request a prior authorization, enrollment, benefits verification, or other patient services.

Enter Key
To access a current request for your patient, enter the Key provided on the notification that you received.

Verify Prescribers
Get quick access to prior authorizations started at the pharmacy.

CURRENT **SENT TO PLAN** **SEARCH**

Filters Date Created: Last 7 days

Welcome to CoverMyMeds!

Start a new prior authorization request or enter a key by clicking the 'New Request' or 'Enter Key' button on the left side of the screen.

Check Status Using Enter Key

Check status using **Enter Key**:

- **Request Key**
- **Last Name**
- **Date of Birth**

Access Your Request

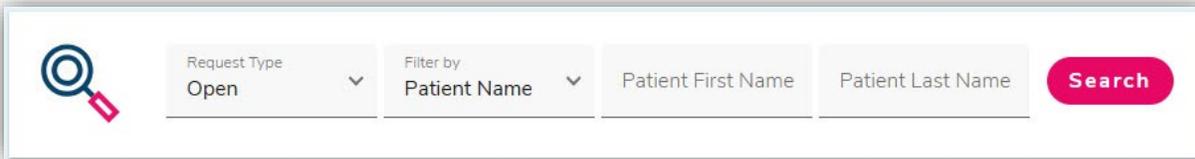
If you received patient information via fax, enter it **exactly** as it appears on the notification.

Patient Information

[View Request](#)

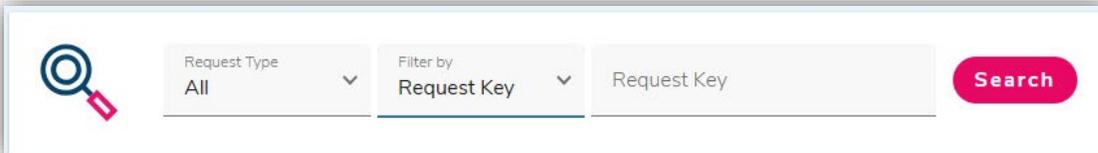
Check Status Using Search

Search results filter by **Patient Name** automatically when you search.

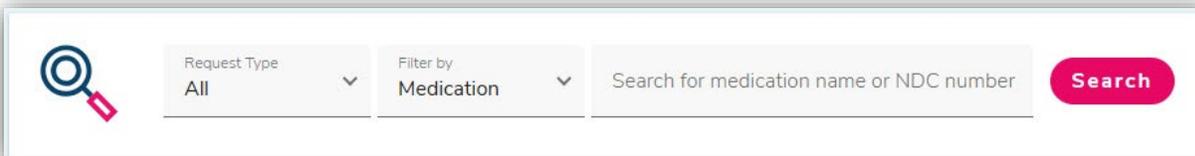


A search interface with a magnifying glass icon on the left. It contains four main sections: a 'Request Type' dropdown menu set to 'Open', a 'Filter by' dropdown menu set to 'Patient Name', a text input field for 'Patient First Name', another text input field for 'Patient Last Name', and a red 'Search' button on the right.

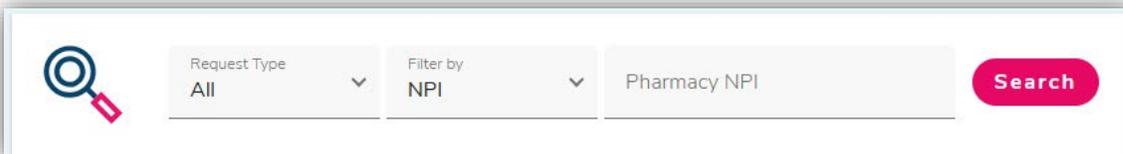
You can also search with other options — **Request Key, Medication, or NPI.**



A search interface with a magnifying glass icon on the left. It contains three main sections: a 'Request Type' dropdown menu set to 'All', a 'Filter by' dropdown menu set to 'Request Key', a text input field for 'Request Key', and a red 'Search' button on the right.

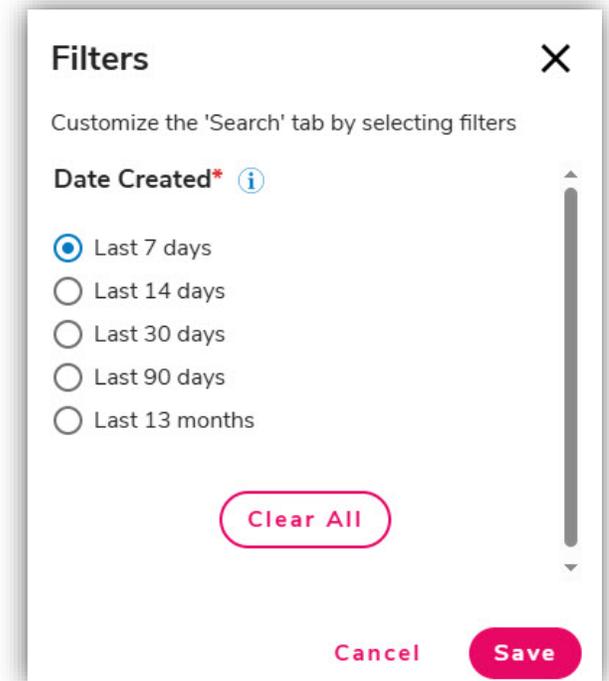


A search interface with a magnifying glass icon on the left. It contains three main sections: a 'Request Type' dropdown menu set to 'All', a 'Filter by' dropdown menu set to 'Medication', a text input field with the placeholder text 'Search for medication name or NDC number', and a red 'Search' button on the right.



A search interface with a magnifying glass icon on the left. It contains three main sections: a 'Request Type' dropdown menu set to 'All', a 'Filter by' dropdown menu set to 'NPI', a text input field for 'Pharmacy NPI', and a red 'Search' button on the right.

To further narrow search results, you can filter by date.



A 'Filters' dialog box with a close button (X) in the top right corner. The text inside reads: 'Customize the 'Search' tab by selecting filters'. Below this is a section titled 'Date Created*' with an information icon (i). There are five radio button options: 'Last 7 days' (selected), 'Last 14 days', 'Last 30 days', 'Last 90 days', and 'Last 13 months'. At the bottom right of the dialog are three buttons: 'Clear All', 'Cancel', and 'Save'.

ePA Request Status

	TEST SMITH (Key: BXWVQR77) Lovaza 1GM capsules Status: New Created: July 1st, 2022 Open Archive
	TEST TEST (Key: B8N439DF) oxyCODONE HCl 20MG tablets Status: New Created: July 1st, 2022 Open Archive
	TEST TEST (Key: B3RTLVAx) Lidotral 3.88% cream Status: Question Response Created: June 30th, 2022 Open Archive

Renew ePA Request

Enter ePA Key or Search for ePA

From the dashboard, click **Enter Key** or click **Search** to access a previously-created ePA.

The screenshot displays the ePA dashboard interface. On the left sidebar, there are three main sections: 'NEW REQUEST' (with a description: 'Request a prior authorization, enrollment, benefits verification, or other patient services.'), 'ENTER KEY' (with a description: 'To access a current request for your patient, enter the Key provided on the notification that you received.'), and 'VERIFY PRESCRIBERS' (with a description: 'Get quick access to prior authorizations started at the pharmacy.'). The main content area has three tabs: 'CURRENT' (13183 requests), 'SENT TO PLAN' (8424 requests), and 'SEARCH' (highlighted with a red box). Below the tabs, there is a list of three ePA requests, each with an 'ePA' icon, a patient name and key, medication details, status, creation date, and 'Open | Archive' links.

Tab	Count
CURRENT	13183 requests
SENT TO PLAN	8424 requests
SEARCH	

Request ID	Medication	Status	Created
TEST SMITH (Key: BXWVQR77)	Clobazam 2.5 mg/mL oral suspension	New	July 1st, 2022
TEST TEST (Key: B8N439DF)	oxyCODONE HCl 20MG tablets	New	July 1st, 2022
TEST TEST (Key: B3RTLVAx)	Lidotral 3.88% cream	Question Response	June 30th, 2022

Access Your ePA Request

Upon clicking **Enter Key**, enter the patient's information, and then click **View Request**.

Access Your Request

If you received patient information via fax, enter it **exactly** as it appears on the notification.

Patient Information

Request Key*

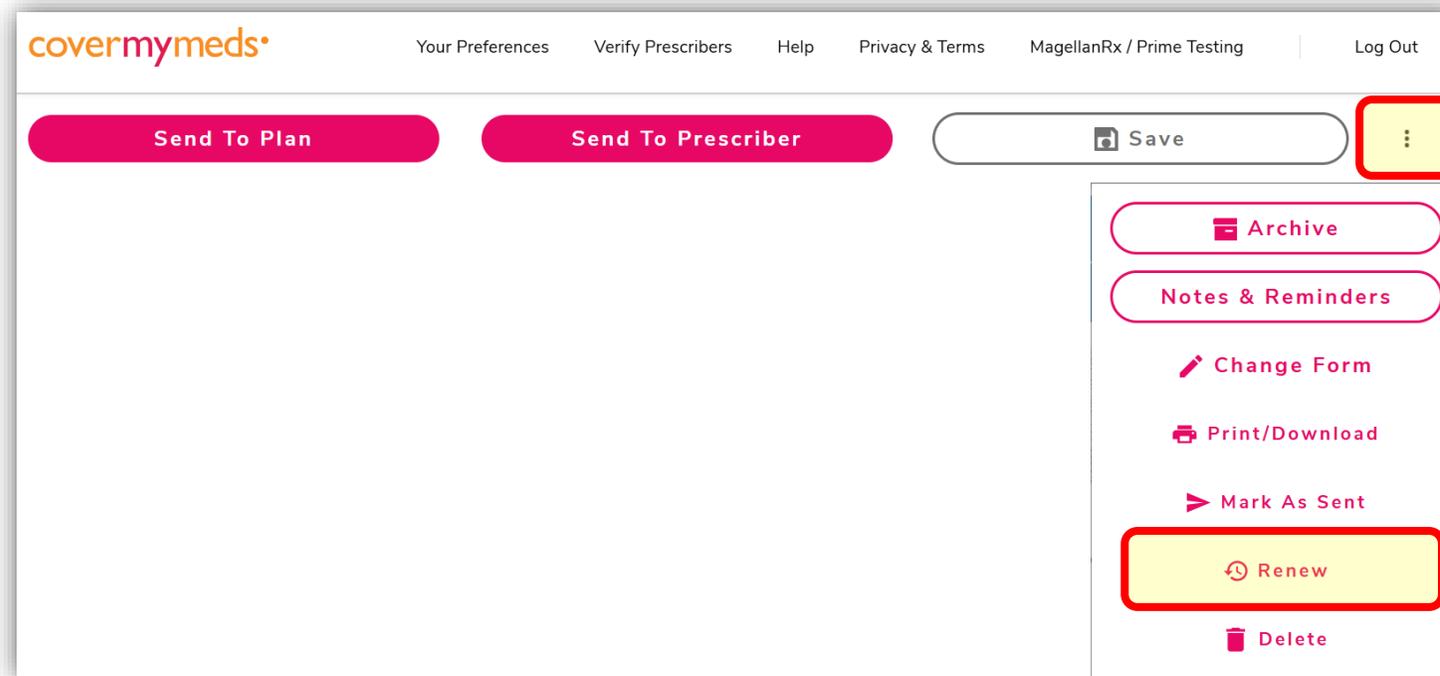
Last Name*

Date of Birth*

[View Request](#)

Renew ePA Request

- Confirm that this is the previously-created ePA that you want to renew.
- Click the **More** icon, which looks like three dots, and then click **Renew**.



Renew ePA Request

- Confirm the information once more.
- Click **Renew** to start the new request.

Renew Request

Use "Renew Request" to start a new request using the original patient information on this PA form for:

- Drug:
- Form:
- Patient:

You will be required to reverify the information on this form before clicking "Send to Plan".

Don't show this message again.

Renew **Cancel**

Review ePA Request and Send to Plan

Review each section and update information as needed, and then select the confirmation checkbox to the right of the section, and then click **Send to Plan**.

PRESCRIBER NEXT STEPS

Click **Send to Plan** to submit this information to NYRx.
NYRx will respond automatically with your next steps.

Review Details

Make sure to review all of the entered details.

SEND TO PLAN

CoverMyMeds Support

CoverMyMeds Support

For CoverMyMeds issues, you can contact CoverMyMeds Support.

Issues	CoverMyMeds Support
<ul style="list-style-type: none">• Logging in• Managing access• Submitting ePA requests• CoverMyMeds user interface	<ul style="list-style-type: none">• 1-866-452-5017 8:00 AM to 8:00 PM ET Monday through Friday Excluding Holidays• www.covermymeds.health/contact-us

NYRx Education & Outreach

Our Purpose

The NYRx Education & Outreach (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

Office Hours

The E&O team hosts virtual office hours every week for pharmacy stakeholders to ask questions related to NYRx and care coordination.

Days	Audience
<u>Tuesday and Thursday</u> <u>12:00 PM – 1:00 PM ET</u>	<ul style="list-style-type: none">• Pharmacy Providers• Prescribers, their Authorized Agents, and Care Managers• Nurses• Other Clinic Care Stakeholders

Education & Outreach Website

- About Us
- Contact Us
- Office Hours
- Training
- Resources

Prime
THERAPEUTICS™

Thursday • May 22, 2025 • 11:19 AM

NYRx, the Medicaid Pharmacy Program [Home](#) [Site Map](#) [Contact Us](#)

NYRx Education & Outreach

Programs Resources Education & Outreach

Electronic PA Requests

Beginning Summer 2025, NYRx, the Medicaid Pharmacy Program, will accept electronic PA requests via [CoverMyMeds®](#). For more information, reach out to NYRxEO@primetherapeutics.com.

NYRx Education & Outreach

ABOUT US

The NYRx Education and Outreach (E&O) team serves as a liaison between stakeholders (such as Prescribers, Pharmacies, and Managed Care Plans) and New York State Department of Health to support care coordination and provide informing materials, trainings, and timely communications regarding NYRx, the Medicaid Pharmacy Program.

NYRx E&O supports and helps solve complex pharmacy cases for:

- Managed Care Plans
- Case workers and New York State agencies
- Prescribers and pharmacies with questions regarding NYRx drug coverage, prior authorization requirements, and NYRx enrolled pharmacies
- Complex care coordination for populations including but not limited to youth who are in Foster Care and those living with HIV/AIDS, bleeding disorders such as Hemophilia, Serious Mental Illness, Substance Use Disorder, and Hepatitis C.

CONTACT US

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. For privacy and security, Protected Health Information (PHI) sent through email must be encrypted.

OFFICE HOURS

The NYRx E&O team hosts virtual support drop-in sessions daily during the week for stakeholders to hop in and ask questions when support is needed.

Contact Information

NYRx Education & Outreach Call Center

1-833-967-7310

Monday – Friday

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Excludes Holidays

E&O Mailbox

NYRxEO@primetherapeutics.com

Resources

Resources

There are many resources available to provide answers and support.

NYRx E&O	CoverMyMeds
<ul style="list-style-type: none">• NYRx Education & Outreach Website• NYRx Preferred Drug List• NYRx Prior Authorization Submission Guide• Three Ways to Submit a Prior Authorization to NYRx, the Medicaid Pharmacy Program	<ul style="list-style-type: none">• CoverMyMeds Website• Quick Guide to CoverMyMeds Prior Authorization Requests

Q&A

**NYRx E&O wants to hear from you!
Please take a moment to take our survey,
the link will also be provided in chat.
Thank you!**

[Survey](#)