



Department
of Health

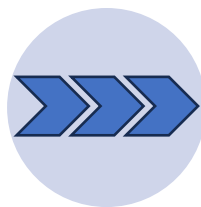
NYRx, the Medicaid Pharmacy Program



Agenda



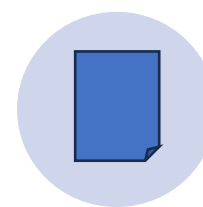
PREFERRED DRUG
PROGRAM (PDP)



DRUG UTILIZATION
REVIEW (DUR)



BRAND LESS THAN
GENERIC PROGRAM (BLTG)



PRIOR AUTHORIZATION
(PA) SUBMISSION



72-HOUR EMERGENCY
SUPPLY POLICY



NYRX EDUCATION &
OUTREACH (E&O)



RESOURCES



Q&A

NYRx, the Medicaid Pharmacy Program

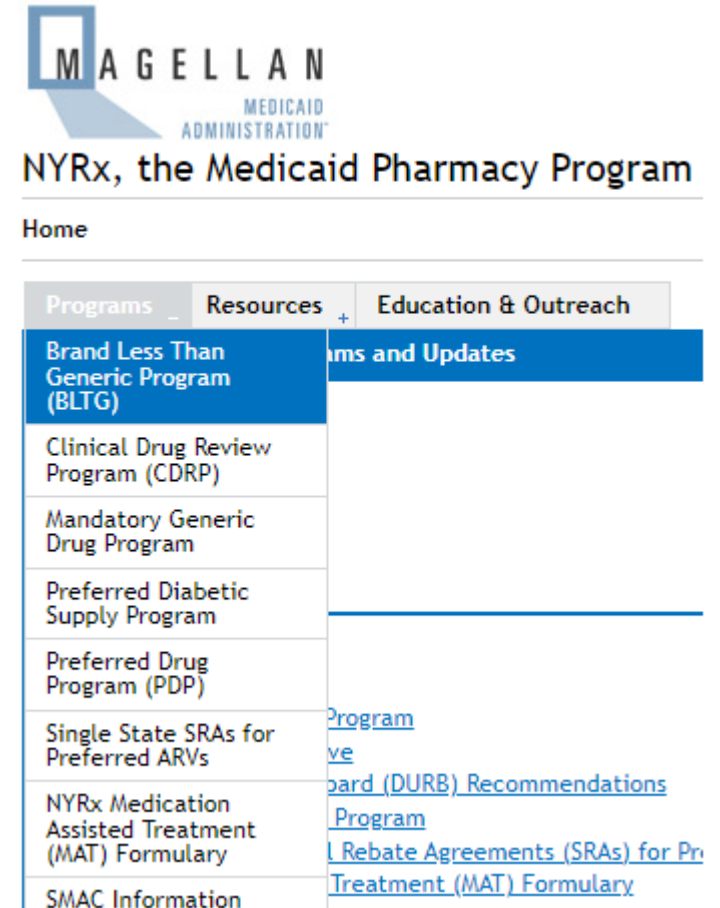
July 25, 2023

NYRx Program Overview

NYRx is comprised of several smaller programs designed to promote the use of the most cost-effective and clinically effective drugs.

Note: There are drugs covered by NYRx that are not included in any of these programs.

- Visit the NYRx web site at <https://newyork.fhsc.com/>.
- Place your cursor on the **Programs** tab.
- A complete view of the list of programs will appear in the drop-down menu.



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NYRx, the Medicaid Pharmacy Program

Home

Programs Resources Education & Outreach

Brand Less Than Generic Program (BLTG) Programs and Updates

Clinical Drug Review Program (CDRP)

Mandatory Generic Drug Program

Preferred Diabetic Supply Program

Preferred Drug Program (PDP)

Single State SRAs for Preferred ARVs [Program](#)

NYRx Medication Assisted Treatment (MAT) Formulary [ve](#)

SMAC Information [board \(DURB\) Recommendations](#)
[Program](#)
[Rebate Agreements \(SRAs\) for Pr](#)
[Treatment \(MAT\) Formulary](#)

Preferred Drug Program (PDP)

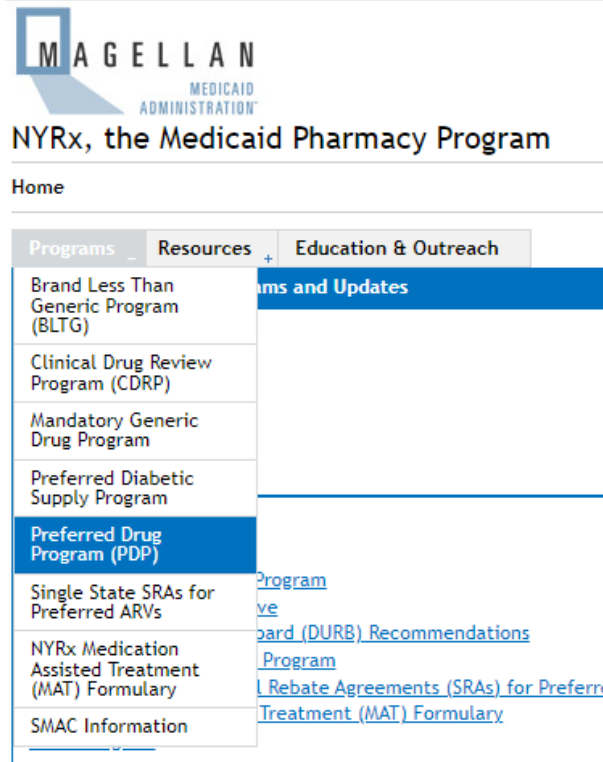
July 25, 2023

Preferred Drug Program (PDP)

The Preferred Drug Program (PDP) promotes the use of less expensive, equally effective drugs in specific drug classes when medically appropriate. Drugs subject to the PDP are listed on the NYRx Preferred Drug List (PDL). All drugs currently covered by NYRx remain available under the PDP and the determination of preferred and non-preferred does not prohibit a prescriber from obtaining any of the medications covered by NYRx.

- Non-preferred drugs in these classes require prior authorization (PA) unless indicated otherwise.
- Some drugs and drug classes, regardless of preferred or non-preferred status, are subject to additional NYRx programs such as Drug Utilization Review (DUR), Dose Optimization (DO) or Brand Less than Generic (BLTG).
- Note that not all agents covered by NYRx are listed on the PDL. For a complete list of drugs covered by NYRx, visit the [Medicaid Pharmacy List of Reimbursable Drugs](#).

Preferred Drug Program (PDP)



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NYRx, the Medicaid Pharmacy Program

Home

Programs - Resources + Education & Outreach

- Brand Less Than Generic Program (BLTG)
- Clinical Drug Review Program (CDRP)
- Mandatory Generic Drug Program
- Preferred Diabetic Supply Program
- Preferred Drug Program (PDP)**
- Single State SRAs for Preferred ARVs
- NYRx Medication Assisted Treatment (MAT) Formulary
- SMAC Information

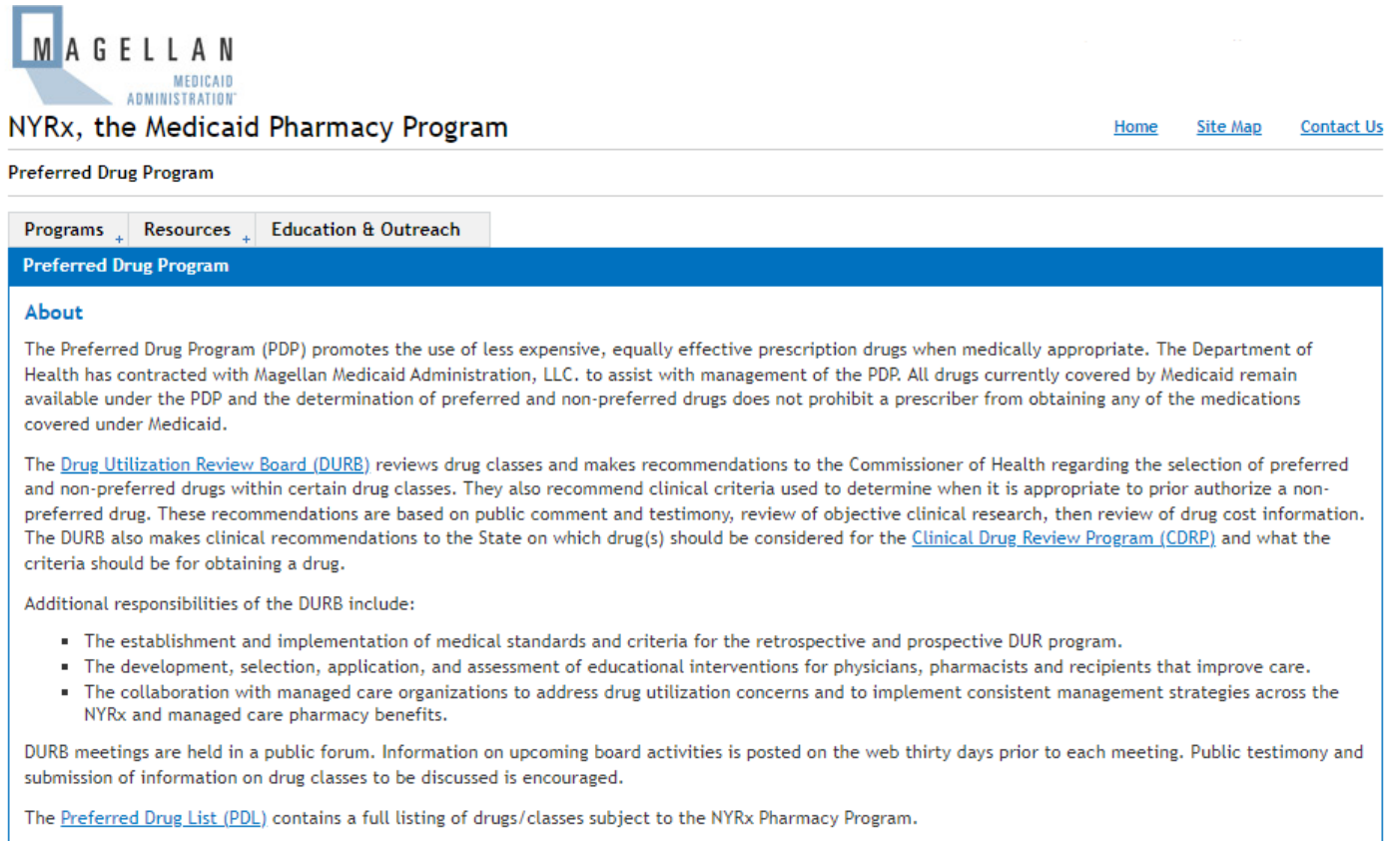
Programs and Updates

Program

Board (DURB) Recommendations

Program

Rebate Agreements (SRAs) for Preferred Treatment (MAT) Formulary



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NYRx, the Medicaid Pharmacy Program

Home Site Map Contact Us

Preferred Drug Program

Programs + Resources + Education & Outreach

Preferred Drug Program

About

The Preferred Drug Program (PDP) promotes the use of less expensive, equally effective prescription drugs when medically appropriate. The Department of Health has contracted with Magellan Medicaid Administration, LLC. to assist with management of the PDP. All drugs currently covered by Medicaid remain available under the PDP and the determination of preferred and non-preferred drugs does not prohibit a prescriber from obtaining any of the medications covered under Medicaid.

The [Drug Utilization Review Board \(DURB\)](#) reviews drug classes and makes recommendations to the Commissioner of Health regarding the selection of preferred and non-preferred drugs within certain drug classes. They also recommend clinical criteria used to determine when it is appropriate to prior authorize a non-preferred drug. These recommendations are based on public comment and testimony, review of objective clinical research, then review of drug cost information. The DURB also makes clinical recommendations to the State on which drug(s) should be considered for the [Clinical Drug Review Program \(CDRP\)](#) and what the criteria should be for obtaining a drug.

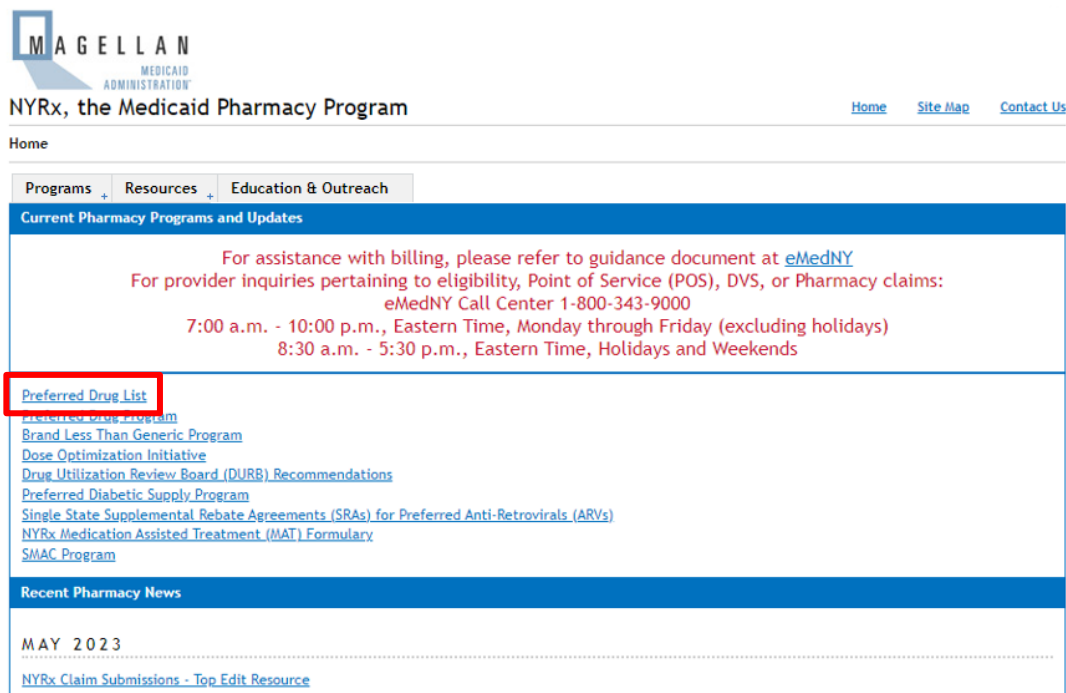
Additional responsibilities of the DURB include:


- The establishment and implementation of medical standards and criteria for the retrospective and prospective DUR program.
- The development, selection, application, and assessment of educational interventions for physicians, pharmacists and recipients that improve care.
- The collaboration with managed care organizations to address drug utilization concerns and to implement consistent management strategies across the NYRx and managed care pharmacy benefits.

DURB meetings are held in a public forum. Information on upcoming board activities is posted on the web thirty days prior to each meeting. Public testimony and submission of information on drug classes to be discussed is encouraged.

The [Preferred Drug List \(PDL\)](#) contains a full listing of drugs/classes subject to the NYRx Pharmacy Program.

Preferred Drug List (PDL)




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

Home

[Programs](#)
[Resources](#)
[Education & Outreach](#)

Current Pharmacy Programs and Updates

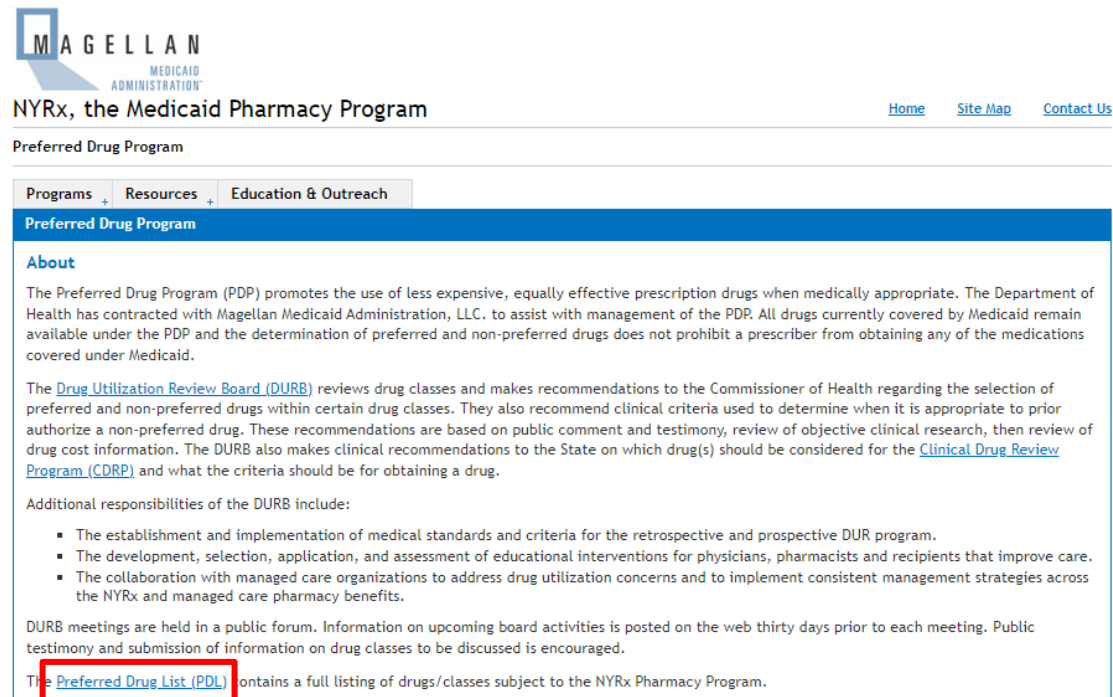
For assistance with billing, please refer to guidance document at [eMedNY](#)
 For provider inquiries pertaining to eligibility, Point of Service (POS), DVS, or Pharmacy claims:
 eMedNY Call Center 1-800-343-9000
 7:00 a.m. - 10:00 p.m., Eastern Time, Monday through Friday (excluding holidays)
 8:30 a.m. - 5:30 p.m., Eastern Time, Holidays and Weekends


[Preferred Drug List](#)
[Brand Less Than Generic Program](#)
[Dose Optimization Initiative](#)
[Drug Utilization Review Board \(DURB\) Recommendations](#)
[Preferred Diabetic Supply Program](#)
[Single State Supplemental Rebate Agreements \(SRAs\) for Preferred Anti-Retrovirals \(ARVs\)](#)
[NYRx Medication Assisted Treatment \(MAT\) Formulary](#)
[SMAC Program](#)

Recent Pharmacy News

MAY 2023

[NYRx Claim Submissions - Top Edit Resource](#)




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

Preferred Drug Program

[Programs](#)
[Resources](#)
[Education & Outreach](#)

Preferred Drug Program

About

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Additional responsibilities of the DURB include:

- The establishment and implementation of medical standards and criteria for the retrospective and prospective DUR program.
- The development, selection, application, and assessment of educational interventions for physicians, pharmacists and recipients that improve care.
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The [Preferred Drug List \(PDL\)](#) contains a full listing of drugs/classes subject to the NYRx Pharmacy Program.

Preferred Drug List (PDL) Criteria Requirements

- The Preferred Drug List (PDL) is organized by therapeutic category and drug class. Within each drug class are preferred and non-preferred drugs.
- Drugs or drug classes may be subject to DUR clinical criteria such as age or diagnosis, frequency/quantity/duration, step therapy, or the dose optimization or BLTG program.
- These criteria requirements are listed in the “Prior Authorization/Coverage Parameters” column of the PDL.
- These requirements are indicated in the PDL with an abbreviated-red superscript.

CC = Clinical Criteria

F/Q/D = Frequency/Quantity/Duration

DO = Dose Optimization

ST = Step Therapy

BLTG = Brand-Less-than-Generic

Preferred Drug List (PDL) Superscripts

If the criteria apply to all the drugs in the drug class, the criteria type will appear as a **red superscript** next to the drug class name.

If the criteria apply only to specific drugs within a drug class, the **red superscript** will appear next to the drug name.

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters				
IV. Central Nervous System						
Antimigraine Agents, Other ^{ST, F/Q/D}						
Ajovy® Emgality® Nurtec™ ODT	Aimovig® Emgality® 100mg syringe Qulipta™ Reyvow™ Ubrelyv™	STEP THERAPY (ST) Acute treatment of migraine <ul style="list-style-type: none"> • Trial of a product from the Antimigraine Agents-Triptan class Prevention of migraine <ul style="list-style-type: none"> • Trial of 2 FDA approved or compendia supported migraine prevention products from other drug classes <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th>Agent</th> <th>F/Q/D</th> </tr> </thead> <tbody> <tr> <td>Aimovig</td> <td>1 syringe/30 days</td> </tr> </tbody> </table>	Agent	F/Q/D	Aimovig	1 syringe/30 days
Agent	F/Q/D					
Aimovig	1 syringe/30 days					
Selective Serotonin Reuptake Inhibitors (SSRIs)						
citalopram (tablet, solution) escitalopram (tablet) fluoxetine (capsule, solution) paroxetine (tablets) sertraline (tablets, concentrate)	Celexa® citalopram (capsules) escitalopram (soln) fluoxetine (tablet) fluoxetine DR weekly fluvoxamine ^{CC} fluvoxamine ER ^{CC} Lexapro® ^{DO} paroxetine (capsules) paroxetine CR	DOSE OPTIMIZATION (DO) <ul style="list-style-type: none"> • See Dose Optimization Chart for affected strengths CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> • Clinical editing will allow patients currently stabilized on fluvoxamine or fluvoxamine ER to continue to receive that agent without PA • Clinical editing to allow patients with a diagnosis of Obsessive-Compulsive Disorder (OCD) to receive fluvoxamine and fluvoxamine ER without prior authorization 				

Clinical Criteria (CC)

- Diagnosis
- Age restrictions
- Review of concurrent medications, disease states, and possible contraindications

Hepatitis C Agents – Direct Acting Antivirals		
Mavyret™ CC, F/Q/D ribavirin sofosbuvir/velpatasvir (generic for Epclusa®) CC, F/Q/D Vosevi® CC, F/Q/D	Epclusa® CC, F/Q/D Harvoni® CC, F/Q/D ledipasvir/sofosbuvir (generic for Harvoni®) CC, F/Q/D Sovaldi® CC, F/Q/D Viekira Pak® CC, F/Q/D Zepatier® CC, F/Q/D	CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> • Confirm diagnosis of FDA-approved or compendia-supported indication • For patients being retreated require confirmation of patient readiness and adherence <ul style="list-style-type: none"> – Evaluation by using scales or assessment tools readily to determine a patient's readiness to initiate HCV treatment, specifically drug and alcohol abuse potential. Assessment tools are available to healthcare practitioners at: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools – OR https://prepc.org/. • The optional Hepatitis C Worksheet can be accessed at: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Worksheet_Prescribers_HepC.pdf

Frequency/Quantity/Duration (F/Q/D)

Frequency/Quantity/Duration (F/Q/D) criteria specify how often, how much, or how long a product may be used.

Antimigraine Agents – Triptans																	
rizatriptan ^{F/Q/D}	almotriptan ^{F/Q/D}	<table border="1"> <thead> <tr> <th colspan="2">FREQUENCY/QUANTITY/DURATION (F/Q/D)</th> </tr> <tr> <th>Agent</th> <th>F/Q/D</th> </tr> </thead> <tbody> <tr> <td>Onzetra™ Xsail™ 11 mg</td> <td>16 units / 30 days</td> </tr> <tr> <td>almotriptan</td> <td rowspan="8">18 units / 30 days</td> </tr> <tr> <td>eletriptan (Relpax®)</td> </tr> <tr> <td>frovatriptan (Frova®)</td> </tr> <tr> <td>naratriptan</td> </tr> <tr> <td>rizatriptan (Maxalt®)</td> </tr> <tr> <td>rizatriptan (Maxalt® MLT)</td> </tr> <tr> <td>sumatriptan nasal spray (Imitrex®)</td> </tr> <tr> <td>sumatriptan (Imitrex®)</td> </tr> </tbody> </table>	FREQUENCY/QUANTITY/DURATION (F/Q/D)		Agent	F/Q/D	Onzetra™ Xsail™ 11 mg	16 units / 30 days	almotriptan	18 units / 30 days	eletriptan (Relpax®)	frovatriptan (Frova®)	naratriptan	rizatriptan (Maxalt®)	rizatriptan (Maxalt® MLT)	sumatriptan nasal spray (Imitrex®)	sumatriptan (Imitrex®)
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	Imitrex® ^{F/Q/D}																
	Maxalt® ^{F/Q/D}																
	Maxalt® MLT ^{F/Q/D}																
	naratriptan ^{F/Q/D}																
	Onzetra™ Xsail™ ^{F/Q/D}																
	Relpax®																
	sumatriptan-naproxen ^{F/Q/D}																
	Tosymra™ ^{F/Q/D}																
	Treximet® ^{F/Q/D}																

Step Therapy (ST)

The step therapy parameters have been initiated to ensure clinically appropriate and cost-effective use of these drugs and drug classes.

	Novolog® cartridge, vial, FlexPen	
Meglitinides ST		
nateglinide repaglinide	repaglinide/ metformin	STEP THERAPY (ST) <ul style="list-style-type: none"> Requires a trial with metformin with or without insulin prior to initiating meglitinide therapy unless there is a documented contraindication.
Pancreatic Enzymes		
Creon® Zenpep®	Pertzye® Viokace®	
Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors ST		
Farxiga® Invokana® Jardiance®	Invokamet® Invokamet® XR Segluromet® Steglatro® Synjardy® Synjardy® XR Trijardy® XR Xigduo® XR	STEP THERAPY (ST) <ul style="list-style-type: none"> Requires a trial with metformin with or without insulin prior to initiating SGLT2 Inhibitor therapy unless there is a documented contraindication. Farxiga® (dapagliflozin), Jardiance® (empagliflozin) – Requires a trial with metformin with or without insulin prior to initiating SGLT2 Inhibitor therapy, unless there is a documented contraindication or drug is being used for an FDA-approved indication other than Type 2 Diabetes or related.

Dose Optimization (DO)

- Dose optimization can reduce prescription costs by reducing the number of pills a patient takes each day.
- The Department has identified drugs to be included in this program, the majority of which have FDA approval for once-a-day dosing, have multiple strengths available in correlating increments at similar costs, and are currently being prescribed above the recommended dosing frequency.

Dose Optimization Chart

Brand Name	Dose Optimization Limitations		
CARDIOVASCULAR			
Angiotensin Receptor Blockers (ARBs)			
Benicar® 20 mg	1 daily	Tablet	
Micardis® 20 mg, 40 mg	1 daily	Tablet	
Diovan® 40 mg, 80 mg, 160 mg	1 daily	Tablet	
Antiarrhythmics			
Amiodarone 100 mg	1 daily	Tablet	In case of dose titration for these medications, the department will allow for multiday dosing (up to 2 doses daily) for loading dose for 30 days
ARBs Combinations			
Exforge® 5–160mg	1 daily	Tablet	
ARBs/Diuretics			
Benicar® HCT 20–12.5 mg	1 daily	Tablet	
Diovan® HCT 80–12.5 mg, 160–12.5 mg	1 daily	Tablet	
Edarbyclor® 40–12.5 mg	1 daily	Tablet	
Micardis® HCT 40–12.5 mg, 80–12.5 mg	1 daily	Tablet	

Drug Utilization Review Program (DUR)

July 25, 2023

Drug Utilization Review Program (DUR)

- The Drug Utilization Review Program (DUR) helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences.
- This program uses professional medical protocols, computer technology, and claims processing data to inform clinical requirements regarding the prescribing and dispensing of prescriptions.
- Criteria requirements may include:
 - Confirmation of diagnosis
 - Frequency/Quantity/Duration (F/Q/D) limits
 - Step Therapy parameters

How Does the DUR Program Differ From PDP?

The **DUR** program applies coverage criteria to select drugs or drug classes covered by NYRx.

The **PDP** program identifies drugs in select drug classes as preferred or non-preferred. Non-preferred drugs require prior authorization unless otherwise indicated. Drugs or drug classes in the PDP may also be subject to the DUR program.

DUR Criteria

Diagnosis requirements, Frequency/Quantity/Duration (F/Q/D), and Step Therapy parameters are implemented to ensure clinically appropriate and cost-effective use of these drugs and drug classes.

Lipid Lowering Agents

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
<p>Lipid Lowering Agents:</p> <ul style="list-style-type: none"> • alirocumab (Praluent®) • evolocumab (Repatha®) • lomitapide (Juxtapid®) • bempedoic acid (Nexletol™) • bempedoic acid/ezetimibe (Nexlizet™) 	<ul style="list-style-type: none"> • Require trial of an HMG-CoA Reductase Inhibitors (statin) at maximum tolerated dosage 		<ul style="list-style-type: none"> • Confirm diagnosis of FDA-approved or compendia-supported indication <p>PCSK-9 Inhibitors (alirocumab [Praluent®], evolocumab [Repatha®]) and ACL inhibitors (Bempedoic acid [Nexletol], Bempedoic acid/ezetimibe [Nexlizet]):</p> <ul style="list-style-type: none"> • Require concurrent statin therapy

Brand Less Than Generic Program (BLTG)

July 25, 2023

Brand Less Than Generic Program (BLTG)

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 (BLTG)

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

* List is subject to change.

July 25, 2023



Prior Authorization (PA) Submission to NYRx

July 25, 2023

How Prescribers Obtain NYRx PAs

Prescribers may either switch members to a preferred product (on the PDL) or obtain a prior authorization for a non-preferred product.

If a PA is required under NYRx, prescribers should use the following options through Magellan:

	<ul style="list-style-type: none">• Request by phone: 877-309-9493.• The clinical call center is operational 24 hours a day, 7 days per week.• 99.9% of PAs are approved on the initial phone call.
	<ul style="list-style-type: none">• Request by fax: 800-268-2990.• PA forms are available here.• Fax requests are responded to within 24 hours.

72-Hour Emergency Supply Policy

July 25, 2023

72-Hour Emergency Supply

Emergency supply requirements are implemented if a pharmacist determines that an emergency condition exists.

Magellan Clinical Call Center
1-877-309-9493

NYRx Education & Outreach

July 25, 2023

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

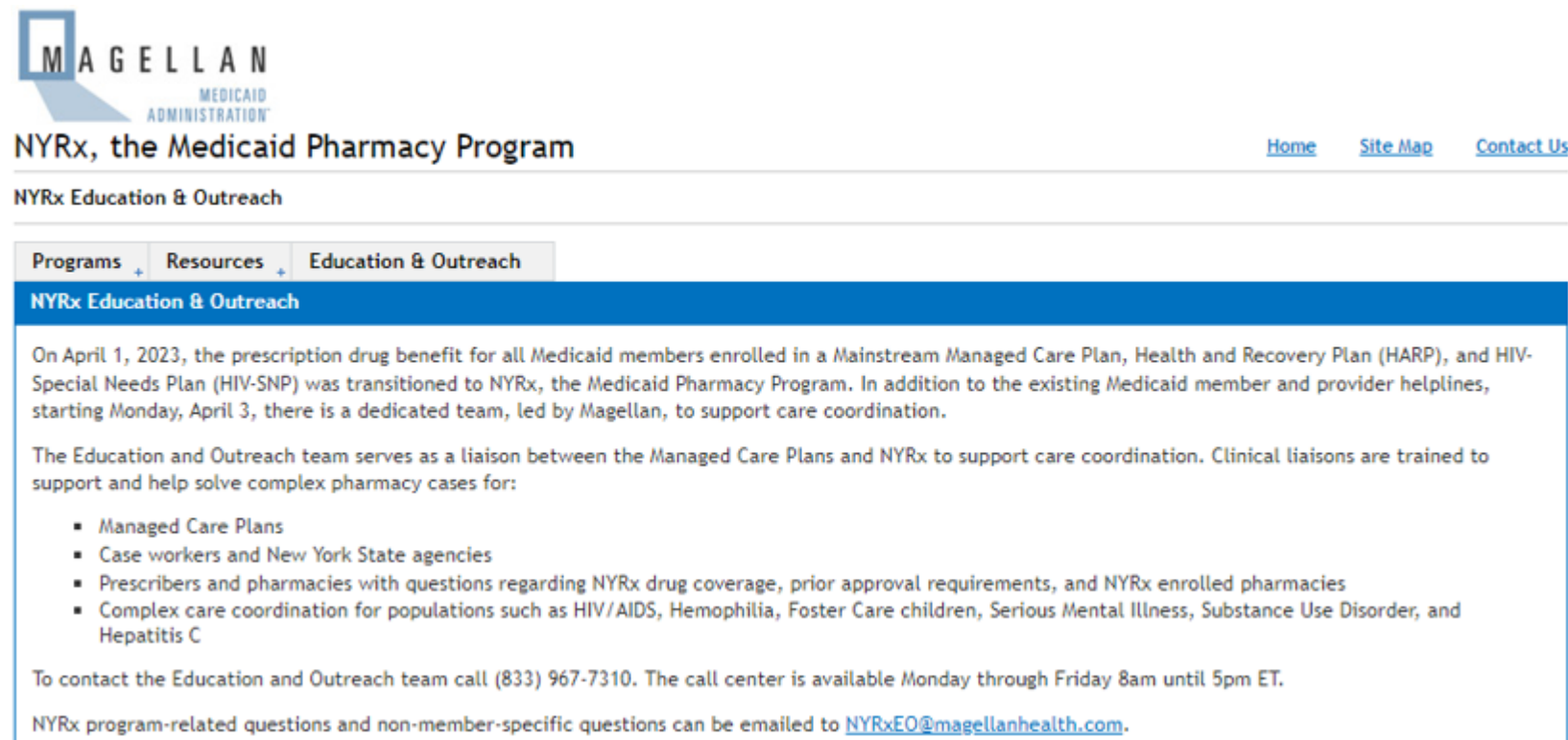
Office Hours

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>Monday and Wednesday</u> <u>12:00 PM – 1:00 PM EST</u>	Managed Care Plans
<u>Tuesday and Thursday</u> <u>12:00 PM – 1:00 PM EST</u>	<ul style="list-style-type: none"> • Pharmacy Providers and Prescribers • Office of Mental Health • Office of Addiction Services and Supports (OASAS) • Office of Medicaid Inspector General (OMIG) • New York Blood Center • Foster Care • AIDS Institute and Stakeholders

Education & Outreach Tab

- Office Hours
- Training
- Resources



The screenshot shows the website for Magellan Medicaid Administration. The main heading is "NYRx, the Medicaid Pharmacy Program". There are navigation links for "Home", "Site Map", and "Contact Us". Below the heading is a sub-heading "NYRx Education & Outreach". A navigation menu includes "Programs", "Resources", and "Education & Outreach". The "Education & Outreach" section is highlighted in blue and contains the following text:

On April 1, 2023, the prescription drug benefit for all Medicaid members enrolled in a Mainstream Managed Care Plan, Health and Recovery Plan (HARP), and HIV-Special Needs Plan (HIV-SNP) was transitioned to NYRx, the Medicaid Pharmacy Program. In addition to the existing Medicaid member and provider helplines, starting Monday, April 3, there is a dedicated team, led by Magellan, to support care coordination.

The Education and Outreach team serves as a liaison between the Managed Care Plans 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 New York State 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

To contact the Education and Outreach team call (833) 967-7310. The call center is available Monday through Friday 8am until 5pm ET.

NYRx program-related questions and non-member-specific questions can be emailed to NYRxEO@magellanhealth.com.

Contact Information

E&O Call Center

1-833-967-7310
Monday – Friday
8:00 AM – 5:00 PM EST
Excludes Holidays

E&O Mailbox

NYRxEO@magellanhealth.com

Resources

Resources

- [NYRx Education & Outreach](#)
- [Medicaid Pharmacy List of Reimbursable Drugs](#)
- [Preferred Drug List](#)
- [Brand Less Than Generic](#)
- [NYRx, the Medicaid Pharmacy Program](#)
- [Department of Health – Welcome to NYRx, the Medicaid Pharmacy Program](#)
- [DOH Medicaid Update](#)
- [eMedNY](#)

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!

[Webinar Survey](#)