

NYRx Cost Optimization Program Update

April 23, 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 **April 23, 2026**, the following drugs will **require a Manual Review by NYRx** for coverage approval:

- **Accrufer® 30 mg capsule, carbinoxamine (Carbzah™) 4 mg/5 mL solution, desloratadine 0.5 mg/mL solution, doxycycline hyclate 50 mg tablet, fenofibrate 120 mg tablet, glimepiride 3 mg tablet, lactulose (Kristalose®) 10 g, 20 g packet, methocarbamol (Tanlor®) 1000 mg tablet, tretinoin gel micro 0.08% pump, and ursodiol (Reltone™) 200 mg, 400 mg capsule** will be **ADDED** to the program.



NYRx Manual Review Required

Drugs	
Accrufer® 30 mg capsule	hydrocortisone 2.5% solution
amcinonide 0.1% cream	ibuprofen 300 mg tablet
bupirone 7.5 mg, 10 mg, 15 mg capsule	Javadin™ 0.02 mg/mL solution
carbinoxamine (Carbzah™) 4 mg/5 mL solution	ketoprofen 75 mg capsule
carbinoxamine maleate 6 mg tablet	lactulose (Kristalose®) 10 g, 20 g packet
chlorzoxazone 250 mg tablet	Lurbiro™ 100 mg tablet
clindamycin phosphate (Clindagel) 1% gel	meloxicam 5 mg, 10 mg capsule, 7.5 mg/5 mL suspension
clobetasol 0.025% cream	Metaxalone 640 mg tablet
desloratadine 0.5 mg/mL solution	metformin HCl 625 mg, 750 mg (IR) tablet
dexchlorpheniramine 2 mg/5 mL solution	metoprolol tartrate 12.5 mg tablet
diclofenac potassium 25 mg tablet	methocarbamol (Tanlor®) 1000 mg tablet
dicyclomine 40 mg tablet	Nitrofurantoin 50 mg/5 mL suspension
diflunisal 250 mg, 375 mg tablet	oxaprozin 300 mg capsule
doxycycline hyclate 50 mg tablet	Pokonza™ 10 mEq, 15 mEq packet
econazole nitrate 1% foam	prednisone DR 1 mg, 2 mg tablet
ergotamine tartrate® 2 mg SL tablet	Relafen® DS 1000 mg tablet
Ertaczo® 2% cream	Sdamlo™ 2.5 mg, 5 mg, 10 mg powder for solution
Escitalopram 15 mg capsule	tetracycline 250 mg, 500 mg tablet
fenofibrate 120 mg tablet	tizanidine 8 mg capsule
fenopropfen 300 mg capsule	tolmetin sodium 400 mg capsule, 600 mg tablet
gabapentin 100 mg, 400 mg tablet	Tonmya™ 2.8 mg tablet
glimepiride 3 mg tablet	tretinoin gel micro 0.08% pump
halcinonide 0.1% solution	ursodiol (Reltone®) 200 mg, 400 mg capsule
halobetasol 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.