NYRx Cost Optimization Program Update

October 22, 2026

What Pharmacy Providers and Prescribers Need to Know

In December 2025, NYRx, the Medicaid Pharmacy Program, 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 the 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 **October 22, 2026**, the following drugs will **require a Manual Review by NYRx** for coverage approval:

- allopurinol 200 mg tablet, amcinonide 0.1% ointment, atomoxetine (Atoncy™) 4 mg/mL solution, azathioprine 75 mg, 100 mg tablet, Cefadroxil 1 g tablet, cefixime 400 mg tablet, Clotic® 1% otic solution, colchicine (Mitigare®) 0.6 mg capsule, fenoprofen 200 mg capsule, flurbiprofen 100 mg tablet, glycopyrrolate 1.5 mg tablet, griseofulvin 165 mg ultramicrosize tablet, isosorbide dinitrate 40 mg tablet, Pokonza™ 10 mEq/15 mL solution, prednisone DR 5 mg tablet, triamcinolone (Kenalog®) 0.147 mg/g spray will be **ADDED** to the program.

NYRx Manual Review Required

Drugs	
Accrufer® 30 mg capsule	glipizide 15 mg tablet
allopurinol 200 mg tablet	**glycopyrrolate 1.5 mg tablet**
amcinonide ointment, cream	granisol 2 mg/10 mL solution
Arynta™ 10 mg/mL solution	**griseofulvin 165 mg ultramicrosize tablet**
Atmeksi® 750 mg/5 mL suspension	halcinonide 0.1% solution, cream
atomoxetine (Atoncy™) 4 mg/mL solution	halobetasol 0.05% foam, lotion
azathioprine 75 mg, 100 mg tablet	hydrocortisone 2.5% solution
baclofen 5 mg/5 mL, 10 mg/5 mL solution, 15 mg tablet	ibuprofen 300 mg tablet
benzonatate 150 mg capsule	indomethacin 25 mg/5 mL suspension
bupropion XL 450 mg tablet	**isosorbide dinitrate 40 mg tablet**
buspirone 5 mg, 7.5 mg, 10 mg, 15 mg capsule, 2.5 mg, 12.5 mg tablet	Javadin™ 0.02 mg/mL solution
carbinoxamine maleate 6 mg tablet, 4 mg/5mL solution	ketoprofen 75 mg capsule, 200 mg ER capsule
Cefadroxil 1 g tablet	lactulose 10 g, 20 g packet
cefixime 400 mg tablet	meclizine 50 mg tablet
cephalexin 750 mg capsule, 250 mg, 500 mg tablet	meloxicam 5 mg, 10 mg capsule, 7.5 mg/5 mL suspension
chlorzoxazone 250 mg tablet	Metaxalone 640 mg tablet
citalopram 30 mg capsule	metformin HCl 625 mg, 750 mg (IR) tablet
clindamycin/benzoyl peroxide 1.2%-3.75% gel	methocarbamol 1000 mg tablet
clindamycin phosphate 1% foam, gel (Clindagel)	metoprolol 12.5 mg tablet
clindamycin/tretinoin 1.2%-0.025% gel	naproxen CR/ER tablet
clobetasol 0.025% cream	naproxen/esomeprazole 375-20 mg, 500-20 mg tablet
clonidine hcl 0.05 mg tablet	Neo-Synalar® 0.5%-0.025% cream
Clotic® 1% otic solution	Nitrofurantoin 50 mg/5 mL suspension
colchicine (Mitigare®) 0.6 mg capsule	omeprazole/sodium bicarbonate 20-1680 mg, 40-1680 mg packet
desloratadine 0.5 mg/mL solution	Ontralfy™ 2 mg/5 mL solution
Desmoda™ 0.05 mg/mL solution	orphenadrine-aspirin-caffeine tablet
Desvenlafaxine ER 50 mg, 100 mg tablet (GCN 34470, 34482)	oxaprozin 300 mg capsule
dexamethasone 0.25 mg tablet	**Pokonza™** 10 mEq, 15 mEq packet,**10 mEq/15 mL solution**
dexchlorpheniramine 2 mg/5 mL solution	**prednisone DR** 1 mg, 2 mg, **5 mg tablet**

Drugs	
diclofenac potassium 25 mg capsule, tablet	Prenatal vitamins (select – see chart below)
dicyclomine 40 mg tablet	ranitidine 150 mg, 300 mg tablet
diflorasone 0.05% cream	Relafen® DS 1000 mg tablet
diflunisal 250 mg, 375 mg tablet	relgaabi capsule
Doxycycline hyclate 75 mg capsule, doxycycline hyclate 50 mg tablet, doxycycline monohydrate 75 mg, 150 mg capsule	Sdamlo™ 2.5 mg, 5 mg, 10 mg powder
Duloxetine 80 mg, 90 mg, 120 mg capsule	sertraline 150 mg, 200 mg capsule
econazole nitrate 1% foam	tazarotene foam (Fabior®), 0.05%, 0.1% gel
ergotamine tartrate® 2 mg SL tablet	tetracycline 250 mg, 500 mg tablet
Ertaczo® 2% cream	tizanidine 8 mg capsule
Escitalopram 15 mg capsule	tolmetin sodium 200 mg, 600 mg tablet, 400 mg capsule
Fenofibrate 50 mg, 150 mg capsule (Lipofen); fenofibrate 40 mg, 120 mg tablet	Tonmya™ 2.8 mg tablet
fenoprofen 200 mg, 300 mg, 400 mg **capsule**	tretinoin gel micro 0.08% pump
flurbiprofen 100 mg tablet	**triamcinolone (Kenalog®) 0.147 mg/g spray**
folic acid (Quiofic™) 0.2 mg/mL solution	ursodiol 150 mg, 200 mg, 400 mg capsule
gabapentin 200 mg capsule, 100 mg, 400 mg tablet	Venlafaxine besylate ER 112.5 mg tablet
glimepiride 3 mg tablet	

Drugs Prenatal Vitamins	
CitraNatal® 90 DHA Combo Pack	Prenaissance Plus softgel
CitraNatal® Assure Combo Pack	Prenate DHA® softgel
CitraNatal® Bloom tablet	Prenate Elite® tablet
CitraNatal® Harmony capsule	Prenate Enhance® softgel
CitraNatal® Rx tablet	Prenate Essential® softgel
EnBrace HR® softgel	Taron™-Prex Prenatal DHA capsule
Nestabs® One softgel	Tristart DHA™ softgel
PNV-DHA + Docusate softgel	Vitafol®-One capsule
Prenaissance capsule	

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.

Beginning October 22, 2026, the above drugs will reject with National Council for Prescription Drug Programs (NCPDP) Reject Code "75-MR, Manual Review Required." These drugs will not be approvable by Prime. A Manual Review by the New York State Department of Health will be required. Claims with an existing prior authorization will also reject with NCPDP Reject Code "00254-Service Code Not Equal to PA."

Prescribers are encouraged to achieve the desired dose by using multiple or half of the lower cost strength or choosing the lower cost formulation (e.g., tablets versus capsules) or choosing a lower cost therapeutic comparable drug in the same drug class. If a prescriber has determined that one of these drugs is the only appropriate treatment for a Medicaid member, they must submit a letter of medical necessity and supporting documentation to the Department. The letter must accompany patient chart notes and peer reviewed medical literature that supports the use of the requested drug unit strength or dosage form. All required documents must be sent by fax to 1-518-473-5508. For select medications in the Cost-Optimization Program, review requests may be submitted through an online form which can be found in the NYRx Cost Optimization Program Overview. A review will be conducted once all the listed information is received.

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.