



Discontinued Drug Coverage for Terminated Labelers per Medicaid National Drug Rebate Agreement

The Centers for Medicare and Medicaid Services (CMS), in compliance with Social Security Law Sec. 1927 [42 U.S.C. 1396r-8] (a), requires drug manufacturers to participate in the Medicaid Drug Rebate Program (MDRP) for their drugs to be eligible for coverage under the Medicaid program.

Effective October 1, 2025, the following drug manufacturers voluntarily withdrew from participation in the [Medicaid Drug Rebate Program](#) (MDRP). As a result, NYRx, Medicaid Pharmacy Program will no longer provide coverage for drugs made by the manufacturers listed below.

Prescribers and pharmacies are encouraged to assist members with a therapeutically equivalent generic, or to obtain a new prescription for an available alternative. Please also refer directly to manufacturer websites for patient assistance programs that may be available for some of these drugs.

NDC 5 (Labeler code)	Manufacturer Name
99207	BAUSCH HEALTH US, LLC
57782	BAUSCH & LOMB INC.
66490	BAUSCH HEALTH US LLC
25010	BAUSCH HEALTH US, LLC
16781	BAUSCH HEALTH US, LLC
13548	BAUSCH HEALTH US, LLC
00187	BAUSCH HEALTH US, LLC.
48102	FERA PHARMACEUTICALS, LLC
68682	OCEANSIDE PHARMACEUTICALS
65649	SALIX PHARMACEUTICALS, INC.
68012	SANTARUS, INC.
41616	SUN PHARMA GLOBAL, INC.
29033	NOSTRUM LABORATORIES
29273	SALERNO PHARMACEUTICALS LP
51645	GEMINI PHARMACEUTICALS, INC. (dba Plus Pharma)

Note: The labeler code is the first 5 digits of the NDC **XXXXX**-XXXX-XX

The following are among the impacted drugs. For a complete list, contact the manufacturer.

Alendronate 5mg Tablets	Altreno Lotion	Anusol-HC Cream+	Aplenzin Tablets
Apriso ER Capsules+*	Arazlo Lotion	Ativan Tablets+	Atralin Gel+
Benzamycin Gel+	Bryhali Lotion	Cabtreo Gel	Cardizem CD Capsules+
Cardizem LA Tablets+	Clindagel+	Cromolyn Nasal Spray	Diazepam 2.5mg Rectal Gel
Diuril Suspension	Duobrii Lotion	Elidel Cream+	Glumetza ER Tablets+
Hydrocortisone Buty. Lipid Cream	Jublia Solution	Librax Capsules+	Locoid Lipocream
Luliconazole Cream	Mestinon ER Tablets+	Mestinon Tablets+	Migranal Nasal Spray+



Moviprep Packets+	Mysoline Tablets+	Noritate Cream	Onexton Gel Pump+
Pepcid Tablets+	Phospholine Iodide Drops	Plenvu Packets	Relistor Tablets; Syringes; Vials
Retin-A Cream+*	Retin-A Gel+	Retin-A Micro Gel	Siliq Syringes
Targretin Gel+*	Theophylline ER Tablets 100mg; 200mg	Trulance Tablets	Uceris ER Tablets+
Uceris Rectal Foam+	Vasotec Tablets+	Virazole Vials+	Visudyne Vials
Wellbutrin XL Tablets+	Xerese Cream	Xifaxan Tablets	Zegerid Packet & Caps+
Zelpar ODT Tablets	Ziana Gel+	Zyclara Cream+	

+Generics for these drugs will remain available.

*These drugs will be removed from the BLTG program, but generics will remain available.

Bolded drugs do not have direct alternatives available, but manufacturers may offer assistance programs.

Pharmacy Claim Edit

Edit #	Edit Description	NCPDP Reject Message
02351	NDC Not Federal Participant	AC: Product Not Covered Non-Participating Manufacturer

Questions and Information:

- The NYRx Pharmacy List of Reimbursable Drugs is found here: <https://www.emedny.org/info/formfile.aspx> and Physician Administered Drugs can be searched here: <https://www.emedny.org/info/pad>
- The member website, including a tool to find covered drugs, is found here: <https://member.emedny.org/pharmacy/search-drugs>
- For claims processing questions, call the eMedNY Call Center at (800) 343-9000.
- For NYRx coverage or policy questions call (518) 486-3209 or email NYRx@health.ny.gov

Additional Resources:

CMS New/Reinstated & Terminated Labeler Information: <https://www.medicare.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/newreinstated-terminated-labeler-information/index.html>