



## 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. **Prescribers and pharmacies are encouraged to assist members with a therapeutically equivalent generic, or to obtain a new prescription for an available alternative.**

**Effective April 1, 2026**, 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 manufactured by the manufacturers listed below.

| NDC 5 (Labeler code) | Manufacturer Name              |
|----------------------|--------------------------------|
| 70347                | ARALEZ PHARMACEUTICALS, INC    |
| 83774                | PILNOVA PHARMA                 |
| 57665                | LEADIANT BIOSCIENCES           |
| 72786                | GLOBAL BLOOD THERAPEUTICS, INC |
| 68850                | STI PHARMA, LLC                |
| 69656                | GLAXOSMITHKLINE LLC            |
| 73534                | AVALO THERAPEUTICS INC         |
| 85690                | INVERNIS PHARMACEUTICALS, INC  |

### Affected Products Include:

|                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| Toprol XL 25 MG Tablet*  | Toprol XL 50 MG Tablet*  | Toprol XL 100 MG Tablet*         |
| Toprol XL 200 MG Tablet* | Azacitidine 100 MG Vial* | <b>Abelcet 100 MG/20 ML VIAL</b> |

\*Other manufacturers produce this drug so there are alternate NDC's that 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](mailto:NYRx@health.ny.gov)

### Additional Resources:

CMS New/Reinstated & Terminated Labeler Information:

<https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/newreinstated-terminated-labeler-information/index.html>