



Cost Optimization Program Update: Program Additions

NYRx, the Medicaid Pharmacy Program, is updating the Cost Optimization Program to 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 entering the market with substantially higher launch prices than equally efficacious, cost-effective alternatives while also lacking additional clinical utility and 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 adequate and less expensive alternatives to meet the member's medical needs have been explored and, where appropriate and cost effective, 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.

Starting on June 4, 2026, the following drugs require a Manual Review by NYRx for coverage approval. These drugs will reject with National Council for Prescription Drug Programs (NCPDP) Reject Code "75-MR, Manual Review Required". Claims with existing Prior Authorizations will also reject for edit 00254 "Service Code not equal to PA"

Table with 3 columns listing drug names and dosages: Arynta™ 10mg/mL solution, Atmeksi® 750mg/5mL suspension, baclofen 5mg/5mL (Ozobax®), 10mg/5mL (Ozobax® DS) solution, etc.

* GCN: Generic Code Number

Prenatal Vitamins Included on 6/4/26

Table with 4 columns listing prenatal vitamin products: Citranatal 90 DHA combo pack, Citranatal Assure combo pack, Citranatal Bloom tablet, Citranatal Harmony capsule

Citranatal Rx tablet	Enbrace HR soft gel	Nestabs One soft gel	PNV-DHA+Docusate soft gel
Prenaissance capsule	Prenaissance Plus soft gel	Prenate DHA soft gel	Prenate Elite tablet
Prenate Enhance soft gel	Prenate Essential soft gel	Taron-Prex Prenatal DHA capsule	Tristart DHA soft gel
Vitafol-One capsule			

The following prenatal vitamins are now included in the [unapproved drug policy](#) and are not eligible for claim submission starting on 6/4/26.

Prenate Chewable tablet	Prenate Mini soft gel	Prenate Pixie soft gel	Prenate Restore soft gel
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Please see https://www.emedny.org/info/NYRx_Cost_Optimization_Program.pdf for a complete listing of drugs included in this program.

Note: The drugs in the above list have FDA approved safe and effective alternatives for their common uses. Prescribers may consider alternatives using the Medicaid Pharmacy List of Reimbursable Drugs found here: <https://www.emedny.org/info/formfile.aspx>

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.**

The Department will continue to monitor and will make updates as determined. If you have questions on the Policy, contact NYRx at: NYRx@health.ny.gov.