



# Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

**DATE**

Dear Medicaid Beneficiary:

**It is important to read this letter to understand changes in the State Law that may change your cost for drugs beginning **DATE**.**

Chapter 57 of the Laws of 2017 revised Medicaid beneficiary co-payments for certain brand-name prescription drugs.

Currently, the co-payment for brand-name prescription drugs is \$1.00 for Preferred brand-name prescription drugs, and \$3.00 for Non-Preferred brand-name prescription drugs. The co-payment is being revised to \$2.50 for both Preferred and Non-Preferred brand-name prescription drugs. The exception is co-payments for brand name drugs in the Brand Less Than Generic (BLTG) program, which will continue to be \$1.00. Generic drug copayments will continue to be \$1.00.

The chart below shows your prescription co-payments as of **DATE**. If you are currently taking generic prescription drugs you will not be affected by this change. A list of BLTG prescription drugs is available to your healthcare providers and is available on the web:

[https://newyork.fhsc.com/providers/PDP\\_about.asp](https://newyork.fhsc.com/providers/PDP_about.asp)

Item	Co-Payment Amount	Co-Payment Details
Brand name prescription drugs	<b>\$2.50</b>	One co-payment charge for <i>each</i> new prescription and <i>each</i> refill.
Brand name prescription drugs in BLTG program*	<b>\$1.00</b>	No co-payment for drugs to treat mental illness and tuberculosis.
Generic prescription drugs	<b>\$1.00</b>	See the list below for other conditions that do not require a co-payment

\*Brand Less Than Generic (BLTG)

**You do not have to pay the co-payment if:**

- You are younger than 21 years old.
- You are pregnant. Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends. (You may need to tell the pharmacist that you are pregnant.)
- You are getting family planning (birth control) services. This includes family planning drugs or supplies like birth control pills and condoms.
- You are a resident of an Adult Care Facility licensed by the New York State Department of Health (DOH).
- You are a resident of a Nursing Home.

- You are a resident of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).
- You are a resident of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified Community Residence.
- You are enrolled in a Comprehensive Medicaid Case Management (CMCM) or Service Coordination Program.
- You are enrolled in an OMH or OMRDD Home and Community Based (HCBS) Waiver Program.
- You are enrolled in the DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).
- Members with incomes below 100 percent of the federal poverty level.
- Members in Hospice.
- American Indians and Alaska Natives who have ever received a service from the Indian Health Service, tribal health programs or under contract health services referral

Co-payments have been kept as low as possible and will allow the Medicaid program to continue to provide high quality health care services to you. If you have questions about the New York State Medicaid Recipient Co-Payment Program, you may call 800-541-2831 between 8:30 a.m. and 5:00 p.m.

Thank you for your cooperation.

Sincerely,

Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs