



Department
of Health

Medicaid NYRx

NYRx, the New York State Medicaid Pharmacy Program Coordination of Benefits: Non-Preferred Diabetic Supplies

NYS Medicaid is the payor of last resort and providers are required to bill all applicable third-party payors before Medicaid. If a member cannot switch from to a Preferred Diabetic Supply, please enter all information requested below. Additional information can be found within the [Preferred Diabetic Supply Program](#) website. This form should be completed exclusively by the pharmacy with a denied claim.

Claim processing questions: 800-343-9000/[NCPDP D.0 Companion Guide.pdf](#)

Enrollee Information

Enrollee Last Name:

Enrollee First Name:

Date of Birth (MM/DD/YYYY):

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Enrollee Medicaid ID (2 letters, 5 numbers, 1 letter):

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Enrollee Primary Plan Name (Medicare/Commercial):

Prescriber Information

Prescriber Last Name:

Prescriber First Name:

National Provider Identifier (NPI) Number:

Supply Information

Product Name:

Quantity:

Date of Service (MM/DD/YYYY):

Rx Number of Denied Claim:

Pharmacy Information

Pharmacy Name:

Pharmacy NPI:

Pharmacy Phone Number:

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Pharmacy Fax Number

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By submitting this form, I attest that this request for this patient and that all of the information on this form is accurate to the best of my knowledge. Completed forms should be faxed to 518-257-4304.