NYRx Cost-Optimization Program Overview

In December 2025, NYRx, the Medicaid Pharmacy program initiated the Cost-Optimization Program. This program focuses on new formulations and dosages of older drug products that are disproportionately priced to other strengths of the same, or similar drugs in the same drug class without any additional clinical benefit. **Prescribers are encouraged to avoid manual review and delay in their patient's treatment access by achieving the desired dose by using multiple or half of the lower cost strength or choosing the preferred lower cost formulation (e.g., tablets versus capsules) or choosing a preferred lower cost therapeutic comparable drug in the same drug class.**

Regulatory Framework:
Per 18 NYCRR Section 513.4(d), prescribers and pharmacies must ensure that less costly, adequate alternatives are considered to meet the patient's medical needs. Use of formulations or dosages solely for convenience is not deemed medically necessary.

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

Drug Name	Date
Accrufer® 30mg capsule	4/23/26
amcinonide 0.1% cream	2/19/26
Arynta™ 10mg/mL solution	6/04/26
Atmeksi® 750mg/5mL suspension	6/04/26
baclofen 5mg/5mL, 10mg/5mL solution	6/04/26
buspirone 7.5mg, 10mg, 15mg capsule	3/19/26
carbinoxamine maleate 6mg tablet, *4mg/5mL solution	12/18/25 *4/23/26
cephalexin 750mg capsule, 250mg, 500mg tablet	**7/16/26**
chlorzoxazone 250mg tablet	12/18/25
citalopram 30mg capsule	6/04/26
clindamycin phosphate 1% *foam, gel (Clindagel®)	3/19/26 ***7/16/26**
clindamycin-benzoyl peroxide	**7/16/26**

Drug Name	Date
glipizide 15mg tablet	**7/16/26**
granisol™ 2mg/10mL solution	**7/16/26**
halcinonide 0.1% cream, *solution	6/04/26 *12/18/25
halobetasol 0.05% *foam, lotion	2/19/26 ***7/16/26**
hydrocortisone 2.5% solution	12/18/25
ibuprofen 300mg tablet	2/19/26
indomethacin 25mg/5ml suspension	**7/16/26**
Javadin™ 0.02mg/mL solution	2/19/26
ketoprofen 75mg capsule, ***200mg ER capsule**	3/19/26 ***7/16/26**
lactulose 10g, 20g packet	4/23/26
Lurbiro 100mg tablet	2/19/26
meloxicam 5mg, 10mg capsule, *7.5mg/5mL suspension	12/18/25 *3/19/26

1.2%-3.75% gel	
clindamycin-tretinoin 1.2%-0.025% gel	**7/16/26**
clobetasol 0.025% cream	3/19/26
clonidine hcl 0.05mg tablet	**7/16/26**
desloratadine 0.5mg/mL solution	4/23/26
Desmoda™ 0.05mg/mL solution	6/04/26
Desvenlafaxine ER 50mg, 100mg tablet (GCN 34470, 34482)	6/04/26
dexamethasone 0.25mg tablet	**7/16/26**
dexchlorpheniramine 2mg/5mL solution	3/19/26
diclofenac potassium 25mg capsule, *tablet	6/04/26 *12/18/25
dicyclomine 40mg tablet	2/19/26
diflunisal 250mg, *375mg tablet	12/18/25 *2/19/26
doxycycline hyclate 50mg tablet, ***monohydrate 75mg, 150mg capsule**	4/23/26 ***7/16/26**
econazole nitrate 1% foam	2/19/26
ergotamine tartrate 2mg SL tablet	2/19/26
Ertaczo® 2% cream	3/19/26
Escitalopram 15mg capsule	2/19/26
Fenofibrate **50mg, **150mg capsule (Lipofen®); fenofibrate *40mg, 120mg tablet	4/23/26 *6/04/26 ****7/16/26**
fenoprofen 300mg, ***400mg capsule, Fenoprofen *600mg tablet (Nalfon®)**	3/19/26 ***7/16/26**
folic acid 0.2mg/ml solution (Quiofic™)	**7/16/26**
gabapentin 100mg, 400mg tablet	3/19/26
glimepiride 3mg tablet	4/23/26

Metaxalone 640mg tablet	3/19/26
metformin HCl 625mg, *750mg (IR) tablet	2/19/26 *12/18/25
methocarbamol 1000mg tablet	4/23/26
metoprolol 12.5mg tablet	3/19/26
naproxen CR/ER tablet	6/04/26
Neo-Synalar® 0.5%-0.025% cream	**7/16/26**
Nitrofurantoin 50mg/5mL suspension	3/19/26
Ontralfy™ 2mg/5mL solution	6/04/26
orphenadrine-aspirin-caffeine tablet	6/04/26
oxaprozin 300mg capsule	2/19/26
Pokonza™ 10 mEq, *15 mEq packet	3/19/26 *2/19/26
prednisone (DR) 1mg, 2mg tablet	2/19/26
Prenatal vitamins (select – see chart below)	6/04/26
ranitidine 150mg, 300mg tablet	6/04/26
relgaabi capsule	6/04/26
Relafen® DS 1,000mg tablet	12/18/25
sertraline 150mg, 200mg capsule	6/04/26
Sdamlo® 2.5mg, 5mg, 10mg powder	3/19/26
tazarotene foam (Fabior®)	**7/16/26**
tetracycline 250mg, *500mg tablet	12/18/25 *3/19/26
tizanidine 8mg capsule	2/19/26
tolmetin sodium *200mg, 600mg tablet**,** 400mg capsule	12/18/25 ***7/16/26**
Tonmya™ 2.8mg tablet	2/19/26
tretinoin gel micro 0.08% pump	4/23/26
ursodiol 200mg, 400mg capsule	4/23/26
venlafaxine ER 112.5mg tablet	6/04/26

Prenatal Vitamins Included on 6/4/26

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			

Note: These drugs have FDA-approved, effective alternatives. Prescribers are encouraged to consult the Medicaid Pharmacy List of Reimbursable Drugs here.

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

Coverage Policy:
Drugs in the Cost Optimization program require manual review by NYRx. Prescribers may submit a request for coverage by providing: (1) a letter of medical necessity, (2) peer-reviewed literature, ***and*** (3) patient chart notes. This documentation should justify why the specific formulation/dosage is essential. All required documents must be sent by fax at (518) 473-5508. Additionally, select medications in this program offer an online form to request secure email submission and initiate review of required documents. Please note, review for coverage will not be initiated until all required documents are received.

Monitoring & Updates:
The Department will review and update this list as needed. For questions, contact NYRx at NYRx@health.ny.gov.