

March 31, 2023

**Transition of the Pharmacy Benefit from Managed Care to
NYRx, the Medicaid Pharmacy Program**

This Alert is to inform Providers, Client Representatives, Community Based Organizations, Hospitals, Homecare Agencies, Advocates, Managed Care Plans, and agencies assisting Medicaid consumers of the transition of the pharmacy benefit for Mainstream Managed Care (MMC), Health and Recovery (HARP), and HIV Special Needs (SNP) plans, to the New York Medicaid Pharmacy Program (NYRx).

Effective April 1, 2023, the prescription drug benefit under the plans listed above will be administered through NYRx, formerly known as the Medicaid Fee-For Service Pharmacy Program. Medicaid members enrolled in MMC, HARP, and HIV-SNP plans who are impacted by this change will receive notification of the change by mail. Each Managed Care plan will implement point-of-service claim denial messaging that directs pharmacies to bill NYRx where applicable.

Nearly all drugs currently covered by MMC plans will continue to be covered by NYRx. However, some drugs under Medicaid fee for services may require NYS prior authorization. This pharmacy benefits transition does not apply to members enrolled in Managed Long-Term Care (MLTC), the Essential Plan, and Child Health Plus (CHP).

NYRx pharmacy benefits will include:

- Prescriptions drugs and select over the counter (OTC) medications listed on the Medicaid List of Reimbursable drugs
- Insulin and diabetic supplies
- Pharmacist administered vaccines
- Family Planning and medical/surgical supplies

Effective April 1, 2023, consumers must present their Medicaid Common Benefit Identification Card (CBIC), which has their client identification number (CIN) and sequence number listed on the card to obtain medication. Consumers should no longer provide their the MMC card or plan card.

Drug co-payments will not change including co-payments for MC members. Co-payments are:

- \$3.00 for non-preferred Brand Name Drugs;

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- \$1.00 for Generic Drugs, preferred Brand Name Drugs, and Brand Drugs included in the Brand Less than Generic Drugs Program;
 - \$0.50 for Non-Prescription (over the counter) Products;
 - \$1.00 for Medical Supplies, including Durable Medical Equipment (DME). DME are also covered by DME distributors.

Prescriptions for plan members that will now get their Medication through NYRx will be subject to the NYS Medicaid Preferred Drug Program, Clinical Drug Review Program, Mandatory Generic Drug Program, Brand Less than Generic Program, Dose Optimization Program, and Preferred Diabetic Supply Program. Prescriptions will also be subject to all Medicaid program requirements, including quantity limits. For additional information, refer to MAP-2020e, *Important Information Regarding Medicaid Utilization Threshold Program*. All Medicaid covered services are subject to limits. Medicaid fee for service consumers have a threshold of 40 pharmacy items per benefit year (the benefit year runs from April through March). The State will send the consumer a warning letter once approaching the threshold. If additional visits or issuances of medication is needed, the consumer must present the warning letter they received from New York State to their doctor. The doctor must complete and submit a utilization threshold override form to SDOH. Once SDOH approves the override, they will update the consumer's Medicaid record and additional issuance of the medication will be granted to the consumer until the benefit year begins again.

Restricted Recipient Program (RRP)

Members who are in the Restricted Recipient Program (RRP) prior to April 1, 2023 will remain restricted for other services when the prescription drug benefit transitions to NYRx. RRP members will continue to coordinate changes on their restrictions, as it relates to pharmacy benefits, through the HRA Recipient Restriction (RR) unit. Changes related to the recipient's restriction to a pharmacy, if appropriate, will be processed by the HRA RR staff in the eMed/NY-Epaces.

Pharmacy providers will continue to submit form *MAP 3046a* to HRA when requesting a pharmacy change. Submit the completed form via fax to 917-639-0669.

Information regarding the transition to NYRx is available at https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/. Information is also available by calling NYRx Medicaid Helpline at **1-855-648-1909** (1-800-662-1220 TTY), Monday - Friday 8AM - 8PM and Saturday 9AM - 1PM.

The NYS Medicaid Member website (<https://member.emedny.org>) has NYRx information and other tools for Medicaid members.

Members and their caretakers can contact the helpline if they have questions about their Medicaid benefits.

New York State Medicaid Consumer Helpline

Phone: (800) 541-2831

Hours: Monday - Friday 8AM - 8PM; Saturday 9AM - 1PM

Magellan Clinical Call Center

Providers Phone: (877) 309-9493

Hours: Daily; 24 hours

Website: <https://newyork.fhsc.com/>

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF