



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 achieve the desired dose by using multiple or half of the lower cost strength or choosing the lower cost formulation (e.g., tablets versus capsules) or choosing a lower cost therapeutic comparable drug in the same drug class.

Regulatory Framework:

Per 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.

Coverage Policy:

Drugs listed in the following appendices 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 may be sent to NYRx@health.ny.gov. For privacy and security, Protected Health Information (PHI) sent through email must be encrypted. Please note, reviews will not be initiated until all required documents are received.

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.

Drug Name	Date
Accrufer® 30mg capsule	4/23/26
amcinonide 0.1% cream	2/19/26
bupirone 7.5mg, 10mg, 15mg capsule	3/19/26
carbinoxamine maleate 6mg tablet, *4mg/5mL (Carbzah™) solution	12/18/25 *4/23/26
chlorzoxazone 250mg tablet	12/18/25
clindamycin phosphate (Clindagel®) 1% gel	3/19/26
clobetasol 0.025% cream	3/19/26

Drug Name	Date
Javadin™ 0.02mg/mL solution	2/19/26
ketoprofen 75mg capsule	3/19/26
lactulose (Kristalose®) 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
Metaxalone 640mg tablet	3/19/26
metformin HCl 625mg, *750mg (IR) tablet	2/19/26 *12/18/25

desloratadine 0.5mg/mL solution	4/23/26
dexchlorpheniramine 2mg/5mL solution	3/19/26
diclofenac potassium 25mg tablet	12/18/25
dicyclomine 40mg tablet	2/19/26
diflunisal 250mg, *375mg tablet	12/18/25 *2/19/26
doxycycline hyclate 50mg tablet	4/23/26
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 120mg tablet	4/23/26
fenoprofen 300mg capsule	3/19/26
gabapentin 100mg, 400mg tablet	3/19/26
glimepiride 3mg tablet	4/23/26
halcinonide 0.1% solution	12/18/25
halobetasol 0.05% lotion	2/19/26
hydrocortisone 2.5% solution	12/18/25
ibuprofen 300mg tablet	2/19/26

methocarbamol (Tanlor®) 1000mg tablet	04/23/26
metoprolol tartrate 12.5mg tablet	3/19/26
Nitrofurantoin 50mg/5mL suspension	3/19/26
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
Relafen® DS 1,000mg tablet	12/18/25
Sdamlo® 2.5mg, 5mg, 10mg powder	3/19/26
tetracycline 250mg, *500mg tablet	12/18/25 *3/19/26
tizanidine 8mg capsule	2/19/26
tolmetin sodium 400mg capsule, 600mg tablet	12/18/25
Tonmya™ 2.8mg tablet	2/19/26
tretinoin gel micro 0.08% pump	4/23/26
ursodiol (Reltone®) 200mg, 400mg capsule	4/23/26

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

Monitoring & Updates:

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