



NEW
YORK
STATE

Department
of Health

NYRx, the Medicaid Pharmacy Program

Brand Less Than Generic Program



Brand Less Than Generic Program (BLTG)

A cost-containment initiative, promoting the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent.

Brand Less Than Generic Program (BLTG)

In conformance with State Education Law, which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- Do not require “Dispense as Written” (DAW) or “Brand Medically Necessary” on the prescription.
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.
- Pharmacies should submit claims with DAW Code 9 – Substitution Allowed by Prescriber but Plan Requests Brand.

Brand Less Than Generic Program (BLTG)

Drugs in this program may be subject to prior authorization requirements of other pharmacy programs.

Brand Less than Generic Program Updates

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 NYRx, the Medicaid Pharmacy Program

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BLTGP

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Clinical Drug Review Program (CDRP)		Generic Program is a cost containment initiative which promotes prior authorization. Once it is determined that the generic drugs may be included in the Mandatory Generic Drug Program
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Preferred Drug List (PDL)

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MAGELLAN MEDICAID ADMINISTRATION
 NYRx, the Medicaid Pharmacy Program

NYRx Education & Outreach

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NYRx Education & Outreach

On April 1, 2023, the Department of Health (DOH) Medicaid Pharmacy Programs updated the [DOH Medicaid Update Index](#) to reflect changes to the [Drug Utilization Review Board \(DURB\)](#) as a liaison between the Department of Health and the Medicaid Managed Care (MMC) agencies.

The Education & Outreach team is available to answer questions regarding NYRx programs such as HIV/AIDS, Substance Use, and Maternal and Child Health (MCH).

To contact the Education & Outreach team, please call (833) 967-7311 or email [education@nyrx.ny.gov](#).

NYRx program updates will be sent via email notifications.

OFFICE HOURS

Virtual support is available from 8:00am to 5:00pm (Eastern Time) every Tuesday through Thursday.

Pharmacy Benefit Transition from Managed Care to NYRx is supported by the Office of Medicaid and Supports (OASAS) and the Office of General Services (OGS).

Preferred Drug List (PDL)

[Preferred Drug Quick List](#)

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MAGELLAN MEDICAID ADMINISTRATION
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Preferred Drug Program

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Preferred Drug Program

About

The Preferred Drug Program (PDP) promotes the use of less expensive drugs. Health has contracted with Magellan Medicaid Administration, LLC to manage the PDP and the determination of preferred and non-preferred drugs covered under Medicaid.

The [Drug Utilization Review Board \(DURB\)](#) reviews drug classes and recommends preferred and non-preferred drugs within certain drug classes. The DURB also makes clinical recommendations based on drug cost information. The DURB also makes clinical recommendations regarding the criteria for obtaining a [Preferred Drug Program \(CDRP\)](#) and what the criteria should be for obtaining a [Preferred Drug Program \(CDRP\)](#).

Additional responsibilities of the DURB include:

- The establishment and implementation of medical standards
- The development, selection, application, and assessment of preferred drugs
- The collaboration with managed care organizations to add the NYRx and managed care pharmacy benefits.

DURB meetings are held in a public forum. Information on upcoming meetings and submission of information on drug classes to be considered for the PDP is available on the [NYRx website](#).

The **Preferred Drug List (PDL)** contains a full listing of drugs/class

Example: Retin-A Cream

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
V. Dermatologic Agents		
Acne Agents, Topical		
adapalene/benzoyl peroxide adapalene cream adapalene OTC gel Retin-A® cream ^{CC, BLTG} tazarotene cream ^{CC} tretinoin gel (gen Avita, Retin-A) ^{CC}	adapalene Rx gel, gel pump adapalene/benzoyl peroxide Altreno® ^{CC} Arazlo™ ^{CC} Atralin® ^{CC} Avita® ^{CC} Cabtreo™ clindamycin/tretinoin ^{CC} dapsone Fabior® ^{CC} Retin-A® gel ^{CC} Retin-A Micro® ^{CC} tazarotene foam (gen Fabior®) ^{CC} tazarotene gel ^{CC} tretinoin cream, gel ^{CC} (gen Atralin) tretinoin micro ^{CC} Winlevi® Ziana® ^{CC}	CLINICAL CRITERIA <ul style="list-style-type: none"> Confirm diagnosis of FDA-approved, compendia-supported, and Medicaid-covered indication

