NYRx Medicaid Providers
Dispense Brand Name Drug when Less Expensive than Generic Program

Effective 7/13/2023, the following changes will be made to the Dispense Brand Name Drug When Less Expensive Than the Generic Program:

- Dexilant, Oseni, Protonix suspension, Pylera, Vascepa and Viibryd will be ADDED to the program

In conformance with State Education Law, which intends patients receive the lower cost drug 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.

IMPORTANT BILLING INFORMATION
Pursuant to this program, prescription claims submitted to the Medicaid program do not require the submission of Dispense as Written/Product Selection Code of ‘1’; Pharmacies should submit DAW code 9 (Substitution Allowed by Prescriber but Plan Requests Brand). Pharmacies will receive a NCPDP reject response of “22” which means missing/invalid DAW code if other DAW codes are submitted. The only exception to this, is DAW code 1 and “Brand Medically Necessary” on the prescription.

List of Brand Name Drugs included in this program (updated 6/28/2023)

<table>
<thead>
<tr>
<th>Advair Diskus</th>
<th>Epipen, Epipen JR</th>
<th>Protonix suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alphagan P 0.15%</td>
<td>Firvanq</td>
<td>Pylera</td>
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<tr>
<td>Amitiza</td>
<td>Flovent HFA</td>
<td>Rapamune solution</td>
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<tr>
<td>Apriso</td>
<td>Glumetza</td>
<td>Renvela tablet</td>
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<tr>
<td>Azopt</td>
<td>Hetliz</td>
<td>Restasis</td>
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<tr>
<td>Bithikis</td>
<td>Kazano</td>
<td>Retin-A cream</td>
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<tr>
<td>Cellcept suspension</td>
<td>Kitabis Pak</td>
<td>Symbicort</td>
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<tr>
<td>Cipropect</td>
<td>Lialda</td>
<td>Tegretol suspension</td>
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<tr>
<td>Combigan</td>
<td>Nesina</td>
<td>Tegretol XR</td>
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<tr>
<td>Concerta</td>
<td>Nexavar</td>
<td>Trileptol suspension</td>
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<tr>
<td>Copaxone 20mg</td>
<td>Nuvaring</td>
<td>Vascepa</td>
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<tr>
<td>Daytrana</td>
<td>Oseni</td>
<td>Ventolin HFA</td>
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<tr>
<td>Depakote Sprinkle</td>
<td>Pentasa</td>
<td>Viibryd</td>
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<tr>
<td>D staying</td>
<td>Pradaxa</td>
<td>Zegerid</td>
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</tbody>
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Drugs in this program may be subject to prior authorization requirements of other pharmacy programs. This list is subject to change.