



Discontinued Drug Coverage for Terminated Labelers per the Medicaid National Drug Rebate Agreement

The Centers for Medicare and Medicaid Services (CMS), in compliance with Social Security Law Sec. 1927 [42 U.S.C. 1396r-8] (a), requires drug manufacturers to participate in the Medicaid Drug Rebate Program (MDRP) for their drugs to be eligible for coverage under the Medicaid program. Prescribers and pharmacies are encouraged to assist members with a therapeutically equivalent generic, or to obtain a new prescription for an available alternative.

Effective July 1, 2026, the following drug manufacturers voluntarily withdrew from participation in the Medicaid Drug Rebate Program. As a result, NYRx, Medicaid Pharmacy Program will no longer provide coverage for drugs manufactured by the manufacturers listed below.

| NDC (Labeler code) | Manufacturer Name |
|--------------------|-------------------------------------|
| 69853 | ALEXION PHARMACEUTICALS, INC |
| 69660 | CLOVIS ONCOLOGY, INC |
| 73079 | EIGER BIOPHARMACEUTICALS |
| 85633 | ESTIVA GENERICS |
| 71800 | INNOVIDA PHARMACEUTIQUE CORPORATION |
| 45861 | PHARMACEUTICA NORTH AMERICA, INC |
| 72928 | Q BIOMED, INC |
| 13925 | SETON PHARMACEUTICALS, INC |
| 54879 | STI PHARMA, LLC |
| 00941 | VANTIVE US HEALTHCARE, LLC |
| 00206 | WYETH PHARMACEUTICALS, LLC |
| 42195 | XSPIRE PHARMA, LLC |
| 69117 | YILING PHARMACEUTICAL, INC |
| 82036 | ZAMBON USA, LTD |

Affected Products Include:

| | | |
|---|-------------------------------|---------------------------------------|
| Acetaminophen-caffeine-dihydrocodeine capsule | Dapsone tablet | Levamlodipine tablet* |
| Acyclovir tablet | Dexamethasone tablet | Letrozole tablet |
| Anastrozole tablet | Diphenhydramine solution | Lidocaine cream |
| Bupirone tablet | Docusate sodium gelcap | Memantine solution |
| Butalbital-acetaminophen-caffeine capsule | Doxycycline tablet | Nalfon capsule and tablet |
| Butalbital-acetaminophen capsule | Escitalopram tablet | Pentamidine inhalation and injectable |
| Celecoxib capsule | Ethambutol tablet | Polyethylene glycol powder |
| Ciprofloxacin otic solution and tablet | Felodipine tablet | Prednisolone solution |
| Ciprofloxacin fluocinolone otic | Fenoprofen capsule and tablet | Sennosides tablet |
| Clopidogrel tablet | | |

*Except for the drug notated, there are alternate NDC's from other manufacturers available.

Pharmacy Claim Edit

| Edit # | Edit Description | NCPDP Reject Message |
|--------|-----------------------------|--|
| 02351 | NDC Not Federal Participant | AC: Product Not Covered Non-Participating Manufacturer |

Questions and Information:

- The NYRx Pharmacy List of Reimbursable Drugs is found here: <https://www.emedny.org/info/formfile.aspx> and Physician Administered drugs can be searched here: <https://www.emedny.org/info/pad>.
- The member website, including a tool to find covered drugs, is found here: <https://member.emedny.org/pharmacy/search-drugs>.
- For claims processing questions, call the eMedNY Call Center at (800) 343-9000.
- For NYRx coverage or policy questions call (518) 486-3209 or email NYRx@health.ny.gov.

Additional Resources:

CMS New/Reinstated & Terminated Labeler Information:

<https://www.medicare.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/newreinstated-terminated-labeler-information/index.html>