



**ATTENTION: MEDICAID MANAGED CARE BENEFICIARIES  
CHANGES TO YOUR MEDICAID PHARMACY BENEFITS  
EFFECTIVE April 1, 2023**

This notice tells you about an upcoming change. Please read this notice carefully and save it for future reference. You can also access this notice at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/pharmacy\\_transition/consumers/](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/consumers/)

**PHARMACY BENEFIT CHANGE:**

- **Starting April 1, 2023, your prescriptions will not be covered by Amida Care. They will be covered by Medicaid NYRx, the Medicaid pharmacy program.**
- Most pharmacies in New York State take the Medicaid NYRx pharmacy program. If your pharmacy does not take Medicaid, you may:
  - Ask your doctor to send a new prescription to a pharmacy that takes Medicaid NYRx pharmacy program, or
  - Ask your pharmacist to transfer a refill to a pharmacy that takes the Medicaid NYRx pharmacy program.
- Locate a pharmacy that takes Medicaid NYRx at: <https://member.emedny.org/>
- You will need to show your pharmacist either your NYS Benefit Card **or** your Health Plan Card. This will tell them your Client Identification Number (CIN).
  - Your Medicaid Card looks like this, and your CIN is highlighted:



- Your Health Plan Card looks like this, and the location of the CIN is highlighted:



- Medicaid NYRx pharmacy program has a list of covered drugs. Over-the-counter drugs and most prescription drugs are on the list. This list of covered drugs can be found at: <https://member.emedny.org/>
  - Some drugs need prior approval before they can be filled. This list will tell you if a drug needs prior approval. Your doctor will call to get prior approval.
  - If your drug is not on this list:
    - Your doctor can ask Medicaid for approval to let you get the drug, or
    - Your pharmacist can talk to your doctor about changing to a drug that is on the list.
- Medicaid NYRx pharmacy plan also has a preferred drug list. This list can be found at: [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)
  - If you need a drug that is listed as a non-preferred drug, you will be able to get a **one-time only** fill of this drug from April 1, 2023, through June 30, 2023
  - If you need a non-preferred drug, please contact your pharmacist or doctor so that they can get approval for you to get this drug.
- The Medicaid copayment structure is not changing. Your copayment might change depending on if the drug is preferred or non-preferred.
- Your pharmacy benefit also covers certain supplies:
  - A list of covered supplies can be found at: <https://member.emedny.org/>
  - A list of preferred diabetic meters and test strips can be found at: [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDSP\\_preferred\\_supply\\_list.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDSP_preferred_supply_list.pdf)
    - Medicaid will allow a **one-time only** fill from April 1, 2023, through June 30, 2023, for non-preferred test strips.
    - You will need to change to a preferred diabetic meter and test strips.

**Do you have questions or need help?** The Medicaid Helpline can assist you. They can talk to you in your preferred language. They can be reached at 1-855-648-1909. TTY 1-800-662-1220

They can answer your call:

- Monday - Friday, 8 am – 8pm
- Saturday, 9am – 1 pm

If you would like to request supporting aids, services, materials, or other information regarding this change in an alternative format or larger print, call the number on your health plan card.

## NOTICE OF NON-DISCRIMINATION

Amida Care complies with Federal civil rights laws. Amida Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Amida Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Amida Care at 1-800-556-0689. For TTY/TDD services, call 711.

If you believe that Amida Care has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Amida Care by:

Mail: 14 Penn Plaza, 2nd Floor, New York, NY 10122  
Phone: 1-800-556-0689 (for TTY/TDD services, call TTY 711)  
Fax: 1-646-786-1802  
In person: 234 West 35th St., New York, NY 10001  
Email: [member-services@amidacareny.org](mailto:member-services@amidacareny.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

## LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-556-0689 TTY:711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-556-0689 TTY:711	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-556-0689 TTY:711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY:711 رقم هاتف الصم والبك 1-800-556-0689	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-556-0689 TTY:711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-556-0689 TTY:711	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-556-0689 TTY:711	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-556-0689 TTY:711	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-556-0689 TTY:711	French Creole
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. רופט TTY 1-800-556-0689:711	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-556-0689 TTY:711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-556-0689 TTY:711	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-556-0689 TTY:711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-556-0689 TTY:711	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-556-0689 TTY:711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-556-0689 TTY:711	Urdu