



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Chief of Staff

June 30, 2008

Dear Medicaid Beneficiary:

**This letter is to tell you about an important change in State Law that may decrease the amount you pay for some drugs at the pharmacy. This amount is called a “co-payment”.**

Starting July 1, 2008, co-payments for certain brand-name prescription drugs called “preferred” drugs will decrease from \$3.00 to \$1.00. The chart below shows your prescription co-payments as of July 1, 2008. If you are not currently taking “preferred” brand name prescription drugs you will not be affected by this change. A list of “preferred” brand name prescription drugs is available to your healthcare providers and is available on the web: [https://newyork.fhsc.com/providers/PDP\\_about.asp](https://newyork.fhsc.com/providers/PDP_about.asp)

Item	Co-Payment	
	Amount	Co-Payment Details
Brand-name prescription drugs	<b>\$3.00</b>	One co-payment charge for <i>each</i> new prescription and <i>each</i> refill.
“Preferred” brand-name prescription drugs	<b>\$1.00</b>	No co-payment for drugs to treat mental illness and tuberculosis.
Generic prescription drugs	<b>\$1.00</b>	See the list below for other conditions that do not require a co-payment

**You do not have to pay the co-payment if:**

- You are younger than 21 years old.
- You are pregnant. Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends. (You may need to tell the pharmacist that you are pregnant.)
- You are getting family planning (birth control) services. This includes family planning drugs or supplies like birth control pills and condoms.
- You are a resident of an Adult Care Facility licensed by the New York State Department of Health (DOH).
- You are a resident of a Nursing Home.

- You are a resident of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).
- You are a resident of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified Community Residence.
- You are enrolled in a Comprehensive Medicaid Case Management (CMCM) or Service Coordination Program.
- You are enrolled in an OMH or OMRDD Home and Community Based (HCBS) Waiver Program.
- You are enrolled in the DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).

If you have questions about your co-payments, you may call Medicaid at 1-800-541-2831 between 8:00 a.m. and 4:45 p.m.

Sincerely,

A handwritten signature in black ink that reads "Deborah Bachrach". The signature is written in a cursive style with a large, looping initial "D".

Deborah Bachrach  
Deputy Commissioner  
Office of Health Insurance Programs