



NYS DOH recognizes the need for certain drugs requiring administration by a practitioner to be available through the Medical and Pharmacy Benefit. Practitioner administered drugs (PADs) that are listed on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page may be billed directly to the NYRx under the pharmacy benefit. PADs obtained by the practitioner, must be billed as a medical claim to the MMC Plan of the member. Please note this list is subject to change. **NYRx provided temporary formulary coverage of select drugs noted in red.**

Practitioner Administered Drug Additions to NYRx Formulary

Updated August 2, 2023

Drug Name	NDC	Manufacturer	Referenced HCPCS Code	NYRx Coverage End Date
EVENITY 105 MG/1.17 ML SYRINGE	55513088001	AMGEN	J3111	4/23/2023
EVENITY 210 MG DOSE-2 SYRINGES	55513088002	AMGEN	J3111	4/23/2023
KANJINTI 150 MG VIAL	55513014101	AMGEN	Q5117	4/23/2023
KANJINTI 420 MG VIAL	55513013201	AMGEN	Q5117	4/23/2023
MVASI 100 MG/4 ML VIAL	55513020601	AMGEN	J9035	4/23/2023
MVASI 400 MG/16 ML VIAL	55513020701	AMGEN	J9035	4/23/2023
PROLIA 60 MG/ML SYRINGE	55513071001	AMGEN	J0897	4/23/2023
TEZSPIRE 210 MG/1.91 ML SYRING	55513011201	AMGEN	J2356	4/23/2023
XGEVA 120 MG/1.7 ML VIAL	55513073001	AMGEN	J0897	4/23/2023
TRIPTODUR 22.5 MG KIT	24338015020	ARBOR/AZURITY	J3316	
TYSABRI 300 MG/15 ML VIAL	64406000801	BIOGEN-IDEC	J2323	4/23/2023
ABRAXANE 100MG VIAL	68817013450	CELGENE/BMS	J9264	4/23/2023
INJECTAFER 100 MG/2 ML VIAL	00517060201	DAIICHI-SANKYO	J1439	
INJECTAFER 750 MG/15 ML VIAL	00517065001	DAIICHI-SANKYO	J1439	
OCREVUS 300 MG/10 ML VIAL	50242015001	GENENTECH, INC.	J2350	
PERJETA 420 MG/14 ML VIAL	50242014501	GENENTECH, INC.	J9306	
SUNLENCA 463.5 MG/1.5 ML VIAL	61958300201	GILEAD SCIENCES	J3490	
BENLYSTA 400MG & 120 MG VIAL	49401010101; 49401010201	GLAXOSMITHKLINE	J0490	4/23/2023
REMICADE 100 MG VIAL	57894003001	JANSSEN BIOTECH	J1745	4/23/2023
KEYTRUDA 100 MG/4 ML VIAL	00006302601; 00006302602; 00006302604	MERCK SHARP & D	J9271	4/23/2023
EYLEA 2 MG/0.05 ML SYRINGE	61755000501; 61755000554	REGENERON PHARM	J0178	4/23/2023
EYLEA 2 MG/0.05 ML VIAL	61755000502; 61755000555	REGENERON PHARM	J0178	4/23/2023
FENSOLVI 45 MG SYRINGE KIT	62935015350	TOLMAR PHARMACE	J1951	
CRYSVITA 20 MG/ML VIAL	69794020301	ULTRAGENYX PHAR	J0584	4/23/2023
CRYSVITA 30 MG/ML VIAL	69794030401	ULTRAGENYX PHAR	J0584	4/23/2023
APRETUDE ER 600 MG/3 ML VIAL	49702023803; 49702026423	VIIV HEALTHCARE	J0739	
CABENUVA ER 400 MG-600 MG SUSP	49702025315	VIIV HEALTHCARE	J0741	
CABENUVA ER 600 MG-900 MG SUSP	49702024015	VIIV HEALTHCARE	J0741	