State/Territory Name: New York

State Plan Amendment (SPA) #: 17-0029

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Page (CMS 179)
3) Approved SPA Page
June 24, 2020

Donna Frescatore  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

RE: Approval of New York State Plan Amendment Transmittal Number 17-0029

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) Transmittal Number 17-0029 has been approved on June 9, 2020, for adoption into the State Medicaid Plan, with an effective date of July 1, 2017. This SPA proposes to amend the co-payment for brand name prescription drugs dispensed in order to eliminate the difference in co-pay between a preferred drug and a non-preferred drug.

Enclosed are copies of the approved SPA # 17-0029.

If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov may be reached at (212) 616-2503.

Sincerely,

James G. Scott, Director  
Division of Program Operations
This State Plan Amendment proposes to amend the copayment for brand name prescription drugs to eliminate the difference in copay between a preferred drug and a non-preferred drug, in accordance with SSL §367-a(6)(c)(iii).
The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

**Services or Items with the Same Cost Sharing Amount for All Incomes**

<table>
<thead>
<tr>
<th>Add</th>
<th>Service or Item</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FDA approved drugs to treat tuberculosis</td>
<td>0.00</td>
<td>$</td>
<td>Prescription</td>
<td>Remove</td>
</tr>
<tr>
<td></td>
<td>FDA approved psychotropic drugs</td>
<td>0.00</td>
<td>$</td>
<td>Prescription</td>
<td>Remove</td>
</tr>
</tbody>
</table>

**Services or Items with Cost Sharing Amounts that Vary by Income**

##### Service or Item: Pharmacy Prescription Brand Name Drugs

Indicate the income ranges by which the cost sharing amount for this service or item varies.

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than 100% FPL</th>
<th>Incomes Less than or Equal to 100% FPL</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.50</td>
<td>$</td>
<td>Prescription</td>
<td>Remove</td>
<td></td>
</tr>
</tbody>
</table>

##### Service or Item: Pharmacy Prescription Generic, Preferred Brand, and Brand Less Than Generic Drugs

Indicate the income ranges by which the cost sharing amount for this service or item varies.

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than 100% FPL</th>
<th>Incomes Less than or Equal to 100% FPL</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>$</td>
<td>Prescription</td>
<td>Remove</td>
<td></td>
</tr>
</tbody>
</table>

When brand drug cost after consideration of all rebates is less than the generic equivalent, the brand is dispensed. Cost Sharing Amount is limited to the generic Cost Sharing Amount, holding member harmless.

##### Service or Item: Pharmacy Non-Prescription Drugs

Indicate the income ranges by which the cost sharing amount for this service or item varies.

<table>
<thead>
<tr>
<th>Add</th>
<th>Incomes Greater than 100% FPL</th>
<th>Incomes Less than or Equal to 100% FPL</th>
<th>Amount</th>
<th>Dollars or Percentage</th>
<th>Unit</th>
<th>Explanation</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.50</td>
<td>$</td>
<td>Prescription</td>
<td>Remove</td>
<td></td>
</tr>
</tbody>
</table>