

## Medicaid Fee-for-Service Pharmacy Reimbursement

Drug Type	If NADAC is available, reimburse at:	If NADAC is unavailable, reimburse at:	Professional Dispensing Fee *
Generics – Multi-Source	Lower of NADAC, FUL, SMAC or U&C	Lower of WAC – 17.5%, FUL, SMAC, or U&C	\$10.18
Brands – Sole or Multi-Source	Lower of NADAC or U&C	Lower of WAC – 3.3%, or U&C	\$10.18
Over-the Counter Drugs (OTCs)	Lower of NADAC, FUL, SMAC or U&C	Lower of WAC, FUL, SMAC, or U&C	\$10.18

**Note:** Claims will pay at the pharmacy's Usual and Customary (U&C) pricing if lower than drug ingredient cost plus dispensing fee.

\* **Professional Dispensing Fee** applies if the drug meets the definition of Covered Outpatient Drug and is not paid at U&C.

Over-the-counter (OTCs) drugs that do not meet the definition of a covered outpatient drug can be identified by utilizing our formulary file search at:

<https://www.emedny.org/info/formfile.aspx>

**State Maximum Acquisition Cost (SMAC)** prices may be applied when determining the cost of multi-source generic drugs. For questions concerning a SMAC price, providers may complete a SMAC Research Request Form, available at:

<https://newyork.fhsc.com/providers/smacinfo.asp>