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[Submitted electronically via: [Amir.Bassiri@health.ny.gov](mailto:Amir.Bassiri@health.ny.gov)]

Amir Bassiri, MSW  
Deputy Commissioner of the Office of Health Insurance Programs  
New York State Medicaid Director  
New York State Department of Health  
99 Washington Avenue  
Albany, NY 12210-2808

Dear Deputy Commissioner Bassiri,

On behalf of the Pharmacists Society of the State of New York (PSSNY) and the American Pharmacists Association (APhA), we write to express our growing concern about how rigid Medicaid formulary requirements are creating unnecessary challenges for patients and providers alike, especially in the face of persistent and widespread drug shortages.

Pharmacists across the country are doing everything they can to help patients access their medications, but the combination of limited drug supply and inflexible coverage policies is making this increasingly difficult. These issues are particularly acute for Medicaid beneficiaries, who may already face systemic barriers to care. Pharmacists are spending more time navigating step therapy requirements, prior authorizations, and formulary exceptions, all while trying to respond to patients who are unable to find the medications they need.

As you may know, the United States has been grappling with historic levels of drug shortages. Earlier this year, there were more than 270 active shortages, one of the highest numbers in recent memory, and many of those shortages have lasted for over two years.<sup>1</sup> For example, ADHD medications like amphetamine/dextroamphetamine and other stimulant therapies, many of which are Schedule II controlled substances, have been in short supply since late 2022 and continue to be difficult to access, despite growing demand.<sup>2</sup> ADHD is another pertinent example because of the limited number of medications within each pharmacological class that can effectively manage symptoms, particularly among non-controlled treatment options, making shortages especially disruptive to continuity of care. Meanwhile, recent proposals to impose new pharmaceutical tariffs on foreign-manufactured drugs could further destabilize an already fragile supply chain, particularly for generic medications that rely heavily on imports.<sup>3</sup> Unlike these controlled medications, certain non-scheduled therapies used to manage ADHD symptoms are not subject to the same prescribing and dispensing restrictions. Reducing access

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<sup>1</sup> Drug Shortages Statistics. ASHP. Available at <https://www.ashp.org/drug-shortages/shortage-resources/drug-shortages-statistics?loginreturnUrl=SSOCheckOnly>.

<sup>2</sup> FDA Announces Shortage of Adderall. FDA. Available at <https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-shortage-adderall>.

<sup>3</sup> Wosinska ME, Blumenthal D. How U.S. Tariffs Stand to Impact Prescription Drugs. Harvard Business Review. Published May 15, 2025. Available at <https://hbr.org/2025/05/how-u-s-tariffs-stand-to-impact-prescription-drugs>.

barriers under Medicaid for these non-controlled alternatives would help ensure timely care, reduce strain on providers and patients, and offer more flexible treatment options in times of shortage.

For pharmacists, this creates a daily dilemma: a patient presents a prescription for a preferred medication that isn't available, and the only viable alternatives are either not on formulary or require burdensome documentation to be approved. This isn't just frustrating; it delays care, reduces adherence, and places added stress on an already strained health care workforce. It also undermines the efficiency of Medicaid programs that are working hard to improve patient outcomes and manage costs.

PSSNY and APhA believe there is an opportunity for state Medicaid programs to be proactive in addressing these issues. Specifically, PSSNY and APhA urge your office to consider adjusting formulary and coverage policies for drug categories that are at high risk of shortage. For example, waiving step therapy requirements or reducing prior authorization barriers when a preferred product is known to be unavailable or in shortage<sup>4</sup> could go a long way toward improving patient access and reducing the administrative burden on health care providers. Likewise, allowing coverage of clinically appropriate alternative medications without delay would support continuity of care for vulnerable patients. In particular, for pharmacological classes with a limited number of available medications, greater flexibility and accessibility in the formulary process are critical to ensuring patients are not left without viable treatment options during times of shortage.

PSSNY and APhA would be happy to work with your team to identify specific medication classes where such flexibilities might be most beneficial, or to share examples from other states taking similar steps. If you have any questions or require additional information, please do not hesitate to contact Kelly McMahon, PSSNY Executive Director, by email at [executivedirector@pssny.org](mailto:executivedirector@pssny.org) and E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,

Kelly McMahon  
Executive Director  
Pharmacists Society of the State of New York

Michael Baxter  
Vice President, Government Affairs  
American Pharmacists Association

**About PSSNY:** The Pharmacists Society of the State of New York (PSSNY) was established in 1879, a not-for-profit incorporated society representing the pharmacist profession, the largest pharmacy association in New York State. PSSNY's policymaking body is our House of Delegates, representing pharmacists from all over New York State. PSSNY has several Academies representing the diverse practice settings of pharmacists, and we are nationally accredited by the American Council on Pharmaceutical Education (ACPE) to provide continuing education to pharmacists. PSSNY provides thousands of hours of continuing education each year via our regional affiliate organizations and two annual meetings.

**About APhA:** APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. **In New York, with 21,330 licensed pharmacists and 26,450 pharmacy technicians, APhA represents the pharmacy**

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<sup>4</sup> <https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages>

**personnel who practice in numerous settings and provide care to many New Yorkers.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.