



# MARYLAND MEDICAID PHARMACY PROGRAM

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## ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Pharmacy Program (MPP) has developed the Maryland Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-1455.*

### Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. To obtain authorization for the Brand name drug, the prescriber must complete a MedWatch form (<http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>) and submit it to the State. The State's clinical pharmacists will review the MedWatch in the context of the patient's medication history and may approve or disapprove the request for the Brand name drug. The State will then forward the MedWatch to the FDA.

The purpose of this Advisory is to alert you to the current exceptions to this rule.

#### Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred because it is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State.

When the brand name drug is Preferred, no MedWatch nor authorization is needed.

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact ACS 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code.

The generic non-preferred exceptions as of April 1, 2009 are as follows:

**Non-Preferred Generic**

calcium acetate  
finesteride  
amphetamine salt combo XR  
sumatriptan  
fentanyl patch  
oxcarbazepine  
levetiracetam

**Status of Equivalent Brand**

PhosLo (*Preferred*)  
Proscar (*Preferred*)  
Adderall XR (*Preferred*)  
Imitrex (*Preferred*)  
Duragesic (*Preferred*)  
Trileptal (*Preferred*)  
Keppra (*Preferred*)

galatamine  
oxycodone ER  
fentanyl buccal(subject to clinical PA)  
oxycodone/ibuprofen  
ciprofloxacin ER  
ofloxacin  
granisetron  
pantoprazole  
albuterol/ipratropium neb

Razadyne (non-preferred)  
Oxycontin (non-preferred)  
Actiq (non-preferred)  
Combunox (non-preferred)  
Cipro ER (non-preferred)  
Floxin (non-preferred)  
Kytril (non-preferred)  
Protonix (non-preferred)  
Duoneb (non-preferred)

**Preferred generics (Brand also Preferred- no MedWatch form required)**

divalproex  
divalproex ER  
lamotrigine  
dorzolamide-timolol eye drops  
dorzolamide eye drops  
tinidazole

Depakote  
Depakote ER  
Lamictal  
Copsopt (*Preferred*)  
Trusopt (*Preferred*)  
Tindamax (*Preferred*)

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