



# 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 Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid 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 MMPP 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. If the brand name drug is required, the prescriber must complete and submit a Medwatch form (<http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The purpose of this Advisory is to alert you to the exceptions to this rule that will go into effect on or about December 23, 2011. These exceptions supersede the exceptions that were listed in Advisory 95.

### 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 over its generic equivalents, because the branded drug 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<sup>1</sup>. Enter a DAW code of 6 on the claim to have it correctly priced.

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 (for example, when there is other insurance primary).

The generic non-preferred exceptions as of mid-December 2012 are as follows:

**Non-Preferred Generics**

adapalene  
amphetamine salt combo ER  
atorvastatin  
azelastine  
brimonidine P 0.15%  
calcitonin salmon  
calcium acetate  
carbamazepine XR and ER capsules  
clindamycin-benzoyl peroxide  
clonidine patches  
cyclosporine  
diazepam rectal  
divalproex sprinkles  
dronabinol  
enoxaparin  
malathion crème rinse  
methylphenidate controlled release  
tacrolimus  
tranylcypromine  
triamcinolone  
valacyclovir  
venlafaxine ER tablets  
olanzapine

**Preferred Brands**

Differin  
Adderall XR  
Lipitor  
Astelin  
Alphagan P 0.15%<sup>2</sup>  
Miacalcin  
PhosLo  
Carbatrol ER capsules  
Benzaclin  
Catapres TTS patches  
Sandimmune  
Diastat  
Depakote Sprinkles  
Marinol  
Lovenox  
Ovide  
Concerta ER  
Prograf  
Parnate  
Nasocort AQ  
Valtrex  
Venlafaxine ER tablets<sup>3</sup> from Upstate NDCs 65580-301-05 through 65580-304-05  
Zyprexa oral tablets only (This drug will still require Prior Authorization if patient does not meet the Tier 2 Antipsychotic clinical criteria)

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<sup>1</sup> Unless the Program has established clinical criteria for the drug

<sup>2</sup> Like most drugs on the Preferred Drug List, Ophthalmic Glaucoma Agent generic bromonidine P 0.1% is preferred, Alphagan P 0.1% requires an approved MedWatch..

<sup>3</sup> Venlafaxine XR capsules are preferred and Effexor XR is non-preferred.

In the following instances, both the multisource brand and the generic are preferred.

**Preferred generics**

carbamazepine suspension  
dexmethylphenidate  
gentamicin ointment  
metipranolol  
oxcarbazepine suspension  
prednisolone acetate

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

Tegretol suspension  
Focalin  
Garamycin ointment  
Optipranolol  
Trileptal suspension  
Omnipred<sup>4</sup>

Please maintain this for a reference together with any updates that follow. This information is available at <http://www.epocrates.com/> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly.

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<sup>4</sup> Pred Forte, which is generically equivalent, is non-preferred.